JOURNAL MISSOURI STATE MEDICAL ASSOCIATION

Volume V JANURARY, 1909. Number 7

ORIGINAL ARTICLES

LUPUS ERYTHEMATOSUS.*

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Lupus erythematosus, the ulerythema centrifugum of Unna, is a chronic inflammation of the skin, characterized by scaly patches, usually rounded or oval in outline and reddish in color, which are generally followed by scars. These patches may be discrete or confluent, and the face, especially the nasal bridge and upper cheeks, is the region most frequently involved.

The clinical resemblance to lupus vulgaris is often confusing and it was probably for this reason that Cazenave, in 1850, christened the disease "lupus erythematosus." In America it forms about .3 per cent. of all skin affections, occurring with about the same frequency as true lupus. There are two varieties, the local, or circumscribed, and the general, or disseminated. In the former the disease begins as a small, slightly elevated, flat-topped papule, the bright red color of which does not completely disappear on pressure. This lesion gradually enlarges peripherally until an infiltrated, scaly patch, varying from one to several cms. in diameter results, the slightly depressed center of which is studded with the openings of dilated follicles. The scales are of a light yellow or dirty gray color and can be removed by slight friction. The surface of the affected area is always dry, pinkish or reddish in color, and never ulcerates.

At times, after the disease has continued for several months or years, a tendency to spontaneous involution is manifested. In these cases a soft,

*Read in the Medical Section, Fifty-first Annual Meeting, Springfield, May, 1908.

flexible, permanent atrophic scar is left, the surface of which is marked by the patulous mouths of enlarged sebaceous ducts.

A frequent clinical picture is the so-called "butterfly" or "bat's wing" marking. In this type the patches on the upper cheeks have become confluent, a narrow band extending over the bridge of the nose.

The scalp is quite often attacked, permanent loss of hair over the affected area resulting. In this location the scaliness is les smarked and the borders more elevated than on other parts of the body.

The disseminated variety is seldom seen. The inflammation is more acute in character and is accompanied by constitutional symptoms similar in character to those seen in erythema multiforme. The lesions may be vesicular or bullous at times. The prognosis is serious, about fifty per cent. of the patients dying.

The cause of lupus erythematosus is not known. It occurs most frequently in early adult or middle life. Several among our foremost authorities believe it to be a form of tuberculosis of the skin while others, equally prominent, maintain that the two are separate and non-related diseases. Some recent opsonic statistics would seem to indicate that the latter are in the right.

From a histo-pathologic standpoint the disease process differs very materially from lupus vulgaris and tubercle bacilli have never been found in the lesions. The affection is to be differentiated from acne rosacea, chronic eczema, the syphilides and true lupus. In acne rosacea the surface is smooth and glistening, dilated capillaries are a prominent feature, the outline is irregular and ill defined, and the tip of the nose generally shows the greatest degree of involvement. Chronic eczema is seldom if ever dry at all times, itching is more or less intense, the mouths of the sebaceous ducts are not patulous and do not contain the greasy plugs seen in L. erythematosus, and there is no formation of cicatrices. In the non-ulcerating syphilide the nodular tubercles, together with the small, depressed, oval, or circular, pigmented scars, the duration, the rapidity of evolution and the absence of dilated follicles, will serve for differentiation, lupus vulgaris frequently proves confusing. Here the presence of the "apple jelly" nodules, best seen when the areas are examined through a closely applied diascope, the rough, fibrous scars, and the extensive ulceration and tissue destruction are sufficient for recognition. In case of doubt the tuberculin reaction or a biopsy will serve to make clear the diagnosis. The treatment varies with each particular case. A host of remedies have been recommended, none of which is specific and many seemingly useless. The milder methods and preparations should always receive the first trial. If there is considerable irritation and hyperæmia a soothing application, such as zinc oil (zinc oxide 60.0, olive oil 40.0) or calamine lotion should be employed for several days, meanwhile administering salicin (commencing with 1.0 after each meal and gradually increasing) internally. If the lesions are in the non-inflammatory stage, pale and anemic, I at once paint them with a strong iodine preparation

(Churchill's tincture), repeating it three times each week and administering the salicin internally. Here the latter may be alternated with quinine or the cinchona salt substituted altogether.

Where the induration is marked and the condition notably sluggish, agents possessing marked stimulating power are indicated. I prefer salicylic or pyrogallic acid, suspended in collodion or traumaticin.

℞ Acid. salicylic 40.0
Acid. pyrogallic 10.0
Collodium 100.0

M. et sig. Shake and apply at night with a camel's hair brush.

If this causes too much irritation it should be temporarily discontinued and one of the soothing preparations substituted.

It is well to look to the general health of the patient. Alcohol, tobacco, tea and coffee are to be avoided, and foods which have a tendency to increase cutaneous hyperæmia should not be eaten. The parts should be kept clean and, unlike the inflamed areas in eczema, the local use of soap and water is not contraindicated.

As regards measures other than hygienic and medicinal, the Röntgen ray is not nearly so valuable here as in true lupus and the arc lamp of Finsen has, in my experience, likewise proved disappointing.

The liquid air treatment recommended by Fox, Dade and others would seem an excellent procedure, and the use of carbon dioxid snow, recently suggested by Pusey, even a better and more practicable course. The latter is certainly deserving of a thorough trial.

Case Reports. During the past eighteen months I have treated five cases of the localized type and seen one case in which the disease was disseminated over the face, trunk and left arm. Nos. 1 and 2, both railroad men in the employ of the Missouri-Pacific Railroad Company, have done extremely well under the iodine-quinine line of treatment. In No. 1 the disease was of 5 years' duration, No. 2 indefinite but had been present for several years. Both were of the typical butterfly type and presented slight scarring. Each case had repeatedly been diagnosed and treated as a chronic eczema. At the present time there are no evidences of the disease other than the cicatrices.

In No. 3, a married woman of 42, living in Great Bend, Kans., the lesions, which involved the face, forehead and scalp, had appeared over twelve years prior to my seeing her. This case proved extremely rebellious to treatment. The patches reacted but slightly, even to the application of Churchill's tincture, so the salicylic-pyrogallic preparation in collodion was substituted. Later, the x ray was employed as an adjuvant measure, twelve minute exposures, with a soft tube, at a distance of 15 centimeters, being given. Internally, salicin was alternated with quinine. Under this regimé improvement finally set in and a temporary cure ultimately resulted. Recently she wrote me that a new spot had

appeared. I shall try the carbon dioxid snow in this case, although decided benefit resulted from the use of the ray.

No. 4 was a married woman, 32, living in Kansas City. The disease was of three years' duration and involved both upper cheeks, with an oval patch, about 8x10 cms., just below the left temple.

In this case the stronger tincture of iodine and the x ray locally, with quinine internally, gave most excellent results. Only a few exposures were given, so the iodine-quinine combination deserves the credit for the splendid and lasting effect secured.

No. 5 was a married woman, aged 40, living in Martin City, Mo., and the condition had been present for two and a half years.

There was a large oval patch (measuring 8x10 cms.) over the right eye, an irregular lesion extending across the lower part of the nose, an area about the size of a dime in the interpalpebral space, and slight bilateral involvement of the surfaces lying just above both nasolabial folds.

The lesions responded promptly to the iodine applications, although soothing lotions had to be substituted a few times when the inflammation became too intense. Internally, quinine sulphate was alternated with salicin, weekly. In the course of four months the patches were practically obliterated and when I last saw the patient, in February, there remained only a slight involvement of the patch over the eye.

No. 6. This was the case in which the disease was of the diffused or disseminated type. I first saw the patient, a woman, aged 34, in consultation, last December and I have examined her only once or twice since then. The disease commenced on the cheeks, later the left upper arm became involved and this was followed, a few weeks afterward, by a lesion on the right side of the trunk. The mucous membranes were not affected and the constitutional symptoms were less severe than is usual in this type of the disease. She has been receiving only internal treatment, quinine, with phosphorus and other tonics, and appears to be doing well.

Conclusions. The iodine-quinine, or iodine-salicin, method of treatment, while not infallible, gives excellent results in a considerable percentage of cases of lupus erythematosus, especially if employed early in the disease. In those cases where the pathologic conditions has been present for many years these agents will oftentimes have to be supplemented by more vigorous measures. Of these, the salicylic-pyrogallic-collodion preparations are cleanly, efficient, cheap and easily obtained.

The x ray, while not so valuable here as in true lupus, is undoubtedly of assistance at times.

912 Walnut Street.

THE DANGER OF PERMITTING WARTS AND MOLES TO GROW LEST THEY BECOME MALIGNANT; WITH REPORT OF TWENTY-FIVE ILLUSTRATIVE CASES FROM THE ST. LOUIS SKIN AND CANCER HOSPITAL.*

BY EDMUND A. BABLER, M. D., ST. LOUIS.

My principal object in bringing this subject to your attention at this time is to present these photographs with the hope that they will readily convince the most skeptical that it is no longer permissible to regard warts and moles as harmless; and to urge excision before malignant changes manifest themselves.

I must confess that the subject did not impress me until a series of distressing cases in point came under my observation at the St. Louis Skin and Cancer Hospital. Very few practitioners are appreciative of the frequency with which warts and moles become malignant growths, eventually destroying the life of the unfortunate sufferer.

The cases studied by me fully corroborate the contention of Keen that "the moment warts and moles begin to increase in size they are almost invariably malignant growths and should be treated as such." In all instances in which the wart or mole is exposed or subject to more or less frequent irritation, especially when situated upon the face or neck, it should be promptly excised—*not cauterized as is often the practice.* I am satisfied that in some of the cases in which a wart was said to have undergone degeneration, the supposed *wart was in reality the early clinical manifestation of a rodent ulcer.*

The medical attendant is by no means always responsible for the delay in having these blemishes excised. The patient will oftentimes flatly refuse to have anything done. This is one of the distressing obstacles with which we occasionally meet in early cases of malignant disease at the St. Louis Skin and Cancer Hospital. The to be pitied unfortunate fellow will say: "I want to get well without the knife." The next time he comes to the hospital the disease has progressed beyond the realm of successful surgery. *Experience has clearly demonstrated that the secret of success in the treatment of malignant disease is early, thorough, complete excision. There is no such thing as recurrence.* When we hear of so-called "recurrences" we know that the disease *was not all removed at the primary operation.*

*Read by title in the Surgical Section, Fifty-first Annual Meeting, Springfield, May, 1908.

In a recent issue of the Journal of the American Medical Association[1] I reported eighteen cases in which a wart or mole became a malignant growth. At this time I want to briefly review these cases and to add seven others that have been admitted to the Department of Surgery of the St. Louis Skin and Cancer Hospital since January 1st, 1908.

Case 1. History. Mr. W. E. W., aged 63, was admitted November 19, 1907. Fifteen years ago he noticed a small seed-wart growing on the back of his left hand, but, since it did not cause him any discomfort or did not grow, he gave it only passing consideration for nine or ten years, when seven or eight small, brownish, warty-like growths appeared on the back of his right hand and a scaley roughened area on the right side of his nose. At this time the wart on the left hand began to grow quite rapidly and he trimmed it frequently. Three years ago the growth on his left hand was the size of a walnut and divided into two equal portions; he was advised to have it removed, but refused. Six months ago it became painful and discharged an offensive, yellowish green fluid. Arsenic was applied and reduced the size of the growth very much, but within a very few weeks the growth had attained its former size. Arsenic was again applied with a similar result. Recently the growth on his left hand has been growing very rapidly and a hard, flat, ulcerated growth has appeared on his left cheek. His left arm is practically useless; he cannot flex or extend it very freely.

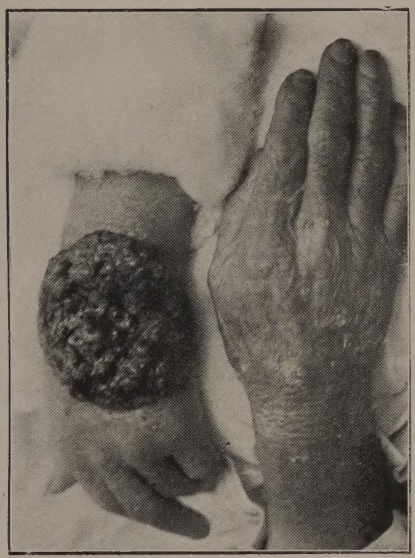
Examination.—On the dorsal surface of the left hand was a large, cauliflower-like growth covered with a yellowish, greenish, offensive discharge; the lower third of the forearm was swollen; the flexor muscles were markedly contracted, limiting very materially the movements of the forearm; epitrochlear gland not enlarged. On the dorsal surface of the right hand were eight, brownish, firm nodules (Fig. 1). On the left malar eminence was a firm, flattened mass, about one inch in length and one-half inch in width, presenting the appearance of an epithelioma (Fig. 1). On the right side of the nose was a scaly-like indurated area as large as a silver dime.

Operation.—The left forearm was removed by disarticulation at the elbow. The rubber tissue drain was removed on the third day. Union was complete on the fourteenth day. The growth on the left malar eminence was also excised. Union was primary, but about three weeks later a small nodule was noted in the upper, outer margin of the line of incision. X-ray exposures have been given each week since the latter finding.

Pathologic Diagnosis.—Epithelioma of hand and cheek.

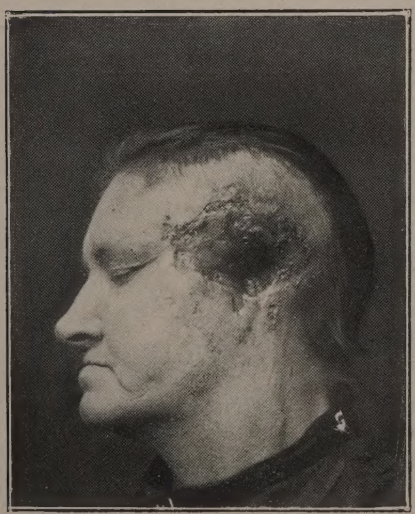
Case 2. History.—Mr. J. K., aged 72, was admitted December 17, 1907. Ever since he can remember he has had a mole on the left side of face near the external canthus of eye; six years ago the barber accidentallly cut it, but it healed within a short time. A few months thereafter a small scab appeared on the mole and he picked it off with his

[1] J. A. M. A. 1908—50—1236.

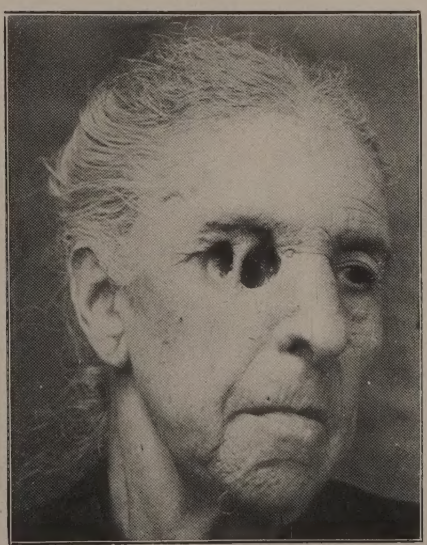


Case I.—Epitheliomatous degeneration of wart on hand.

Case II.—Malignant degeneration of a pigmented mole.



Case III.—Malignant degeneration of mole on temple.



Case IV.—Malignant degeneration of wart on eyelid.

finger nail; another scab appeared and was removed; after which time the mole became an ulcerating growth; all attempts to heal it were futile. He consulted many prominent surgeons, but was refused an operation. Pastes, salves, powders, x-ray, and other applications were not of any benefit; the disease continued unabated. During the past six months the destructive process made very rapid progress; patient lost seventy pounds and the pain became of an agonizing character. Morphin, in very large doses, is necessary to secure relief.

Examination.—The left eye and greater portion of left side of face had been destroyed.

Treatment.—Palliative.

Pathologic Diagnosis.—Rodent ulcer.

Case 3. History.—Mrs. J. E., aged 54, was admitted January 22, 1906. When thirty years old she noticed a small mole growing on her left temple near the hair margin. She frequently irritated the mole while combing her hair; sometimes the comb scratched off the top so that the mole would bleed. About four years ago the mole began to grow and develop into a malignant ulcer. The destructive process extended gradually to the left ear, which latter it eventually destroyed. A portion of the scalp and left temporal muscles have been destroyed. At present she cannot hear very well with left ear; pain is quite severe. At times the pain extends to the orbit and to the parietal region. There is a constant ringing noise in left ear.

Examination.—A large, granular, ulcerated area about four inches in diameter, the center of which was the middle ear, occupied the left temporal region; the left external ear was destroyed (Fig. 2), also the entire petrous portion of the temporal bone; the dura was in view.

Operation.—Parts curetted and cauterized. Temporary benefit; involvement of brain; death.

Pathologic Diagnosis.—Carcinoma (rodent ulcer).

Case 4. History.—Mrs. S. O'M., aged 74, was admitted February 25, 1905. At 50 years of age she noticed a small wart on her right lower eyelid. Five years ago the wart began to grow and soon became red and ulcerated and in two years the destructive process involved the entire right half of the lower lid and attacked the eye. One year later she had the lid and eye removed, but within a short time the condition was as bad as before operation. Pain has become a very prominent and distressing symptom. Pastes, salves and powders have been applied without benefit.

Examination.—The right orbital cavity was occupied by a cauliflower-like growth from which exuded an offensive, purulent discharge. Patient was emaciated, pale and weak.

Operation.—The orbital cavity was thoroughly cleaned out. Within a very short time evidences of recurrence were noted (Fig. 3). The disease extended to the brain; patient died a short time ago.

Pathologic Diagnosis.—Epithelioma of orbit and brain.

Case 5. History.—Mr. P. G., aged 70, was admitted August 25, 1905. Six years ago he noticed a small wart-like nodule on the left side of his nose. Six months ago it began to grow, extending to cheek. It became lobulated and resembled a bunch of grapes. At present it is growing at a rapid rate.

Examination.—On left side of nose and cheek was a red, lobulated growth about as large as half of a walnut, presenting the appearance of an epithelioma.

Operation.—Growth was excised. Union was primary. Patient has not been seen since May, 1906. No recurrence at that time.

Pathologic Diagnosis.—Epithelioma of nose and cheek.

Case 6. History.—Mr. J. L. T., aged 73, was admitted July 11, 1906. He had a small mole on the left side of his nose ever since he can remember. In 1889 a barber accidentally cut off the top of the mole; the wound healed, but about a year ago a scab appeared and he picked it off. Within a short time another scab appeared and he removed it; this process was repeated at frequent intervals until nine months ago, when the mole became a destructive ulcer which has grown rapidly during the past two months.

Examination.—On the left side of the neck near the angle of the jaw was an indurated ulcer, one and one-half inches in length and one-half of an inch in width, presenting the usual appearace of a rodent ulcer. No palpable glandular involvement. Growth was excised. Primary union.

Microscopic examination showed rodent ulcer.

Case 7. History.—Mr. J. P. C., aged 56, was admitted June 26, 1906. For many years he has had a small mole on the right side of his face, but it did not cause him any inconvenience until in 1889, at which time a barber cut it while shaving him. The wound healed within a short time, but a few months later a barber cut it again, after which it did not heal satisfactorily. A few years ago he noticed that the mole was ulcerated and increasing in size. Pain had not been severe in character.

Examination.—On the right side of the face, over the malar eminence, was situated an irregular, depressed ulcer, worm-eaten in appearance, about as large as a silver half-dollar. It presented the appearance of a rodent ulcer. No palpable glandular enlargement.

Operation.—Growth excised. Primary union. Recovery.

Microscopic Examination.—The neoplastic cells were distributed throughout the specimen in two different arrangements. In places there were quite large, irregular nests of cells containing oval or round nuclei that stained fairly deep. The peripheral layer of cells was arranged in a distinctly columnar fashion. There was no restricting membrane, the cells lying in direct contact with the adjacent tissue. In other places the cells had a more or less regular arrangement into narrow strands surrounding distinct acini. In many of these openings were

found blood cells and granular matter. Some of the acini contained a somewhat granular mass which stained slightly with eosin. Round-cell infiltration was quite marked. Some muscle fibres showed hyaline change. Numerous mitotic figures.

Case 8. History.—Mr. McC., aged 74, was admitted January 15, 1907. Ever since he can remember he has had a small mole or birthmark on the left side of his neck, just below the tip of the mastoid process of the temporal bone. Sixteen years ago a woodtick bit him on the mole. He was unable (he thinks) to remove all of the tick, and is under the impression that his present condition is the result of this. Two or three months after he was bitten he noticed that the mole was very tender to touch, and that it was increasing in size. Various preparations were applied; a small ulcer appeared on the mole, which showed a tendency to increase in size and refused to heal kindly, he finally succeeded, however, in healing the ulcer. A few years later he accidentally contused the left side of his neck against the limb of a peach tree; the parts became very sore and ulcerated. The tissues immediately surrounding the mole became indurated and of increased size. He consulted various "quacks" and spent all of his money, but the ulcer continued to get larger and larger. As time went on the growth caused more or less constant and severe pain; pain was especially severe at night. Recently the growth has been increasing more rapidly and has destroyed a large portion of the left side of the neck, posterior to the sternomastoid muscle. He has lost considerable weight.

Examination.—A large, granular, depressed ulcer with irregular, firm margins occupied the left posterior side of the neck (Fig. 4). The muscle was exposed in the central portion of the ulcer; portions of the muscle showed characteristic malignant change. Portions of the margins of the ulcer were undermined. Cervical (left) glands palpably enlarged. The sternomastoid muscle (left) very firm and infiltrated at its upper portion. General condition of patient quite good.

Treatment.—I gave trypsin injections for a considerable time, but with only temporary benefit; the severe pain became lessened to such an extent that the patient could sleep the entire night. Within a short time, however, the pain returned, but was never as severe as previously. The trypsin tratment did not change the condition of the growth, except that it became clean. Owing to illness in patient's family, he was called home about three months after admittance to hospital. Not traced.

Microscopic Examination.—One-half of the specimen consisted of a mass of quite dense connective tissue covered by a layer of surface epithelium. The other half was made up of a more open connective tissue framework, scattered throughout which were numerous small, irregular nests of cells. These nests were not limited by any membrane and were separated from each other by greater or less amounts of adult connective tissue. There was a very general widespread round-cell infiltration.

Pathologic Diagnosis.—Squamous epithelioma.

Case 9. History.—Mr. G. T. W., aged 54, was admitted October 1, 1906. About two or three years ago he noticed a small warty growth on his lower lip. In October, 1905, it began to grow rapidly, and the physician whom he consulted diagnosed it cancer. Acids, pastes and plasters were applied without benefit. The disease continued unabated. He lost weight; appetite poor; pain more or less constant and quite severe.

Examination.—A large cauliflower-like growth occupied practically the entire lower lip and a part of the chin and inferior maxilla in median line. The mouth was apparently free from involvement. The growth was very firm, except in the ulcerated portions. Patient presented a somewhat cachectic appearance.

Operation.—The lower lip in its entirety and the submental and submaxillary glands were removed, and the diseased bone was thoroughly curetted. Superficial tissues of face were approximated and a new lip was formed. Patient developed a pneumonia and died a few days after the operation.

Microscopic Examination.—The superficial epithelium was very much thickened and the papillæ were large. Lying deeper within the tissues were irregular nests of cells containing large round bubble-like nuclei. The cells in the periphery of these nests showed quite a well-marked columnar arrangement. In the center of many of the nests the cells had become considerably flattened and had undergone keratin formation with loss of the nuclei. Round-cell infiltration was very well marked beneath the epidermis and between the cell nests. Very few mitotic figures were found. The submaxillary gland showed slight inflammatory changes.

Case 10. History.—Mr. L. W., aged 58, was admitted August 23, 1906. About seventeen years ago he noticed a small warty-like growth on right half of his lower lip. For years after its appearance it began to grow at a rapid rate and he had it excised. Three years later it returned and in 1901 he had it cauterized. The growth disappeared and did not return until three years later; it then appeared in the form of a small, hard ulcer, which latter soon became of a rapidly destructive character. He tried various so-called "cures," but the disease continued unabated. No loss of weight; appetite good.

Examination.—The entire right half of lower lip had been destroyed. A hard crater-like, ulcerating mass presented itself in this area; the lower teeth, normally covered by the right half of the lower lip, were exposed. The submental glands, as well as the submaxillary glands, were not palpably enlarged. Floor of mouth was apparently free from involvement.

Operation.—Radical excision. Patient recovered. Union was primary. No recurrence up to present time.

Microscopic Examination.—The greater part of the specimen was composed of irregular masses of cells containing rather small round or

oval vesicular nuclei. These masses had no limiting membrane and ramified through the tissue in the form of a coarse network with more or less connective tissue in between. In a number of places the tumor cells had a distinct adenomatous arrangement. Narrow strands of about two cells in thickness formed a network enclosing spaces that appeared to be filled with a secretion. There were several areas in which the central portion of the cell masses had undergone a marked degeneration.

Case 11. History.—Mrs. M. C., aged 56, was admitted October 21, 1907. Many years ago she noticed that she had a mole on the right side of her nose, but, since it did not cause her any inconvenience, she did not pay any attention to it until five or six years ago, at which time it began to increase in size. Pastes, salves and other "frauds" were applied without benefit. The growth rapidly increased in size. Pain was not severe or constant.

Examination.—On the right side of the nose, at about the center, was a brownish, nodular growth, one inch in length and one-half inch in width; it felt tense and firm and was in the skin.

Operation.—Excision under local anesthesia. Primary union. Subsequent Roentgen ray treatment.

Microscopic Examination.—The superficial epithelium was considerably thickened and showed a very great keratin degeneration. There was some parakeratosis.

Case 12. History.—Mr. W. F. R., aged 53, was admitted March 6, 1907. Five years ago he noticed a small, white wart-like growth on his lower lip near its center. He pulled it out, but within a few weeks it returned. The process was frequently repeated. The substance removed was always of the same consistency, spongy-like and closely resembled a wart. Five or six months after its first appearance he consulted a so-called "cancer doctor," who attempted to treat it with his pastes, etc., but without success. The application employed seemed to accelerate the development of the growth. One year ago the growth involved the entire right half of the lip; he consulted a surgeon who excised the lower lip. Within six months the growth returned (?) and rapidly attained the size of a small closed fist. Another surgeon found the inferior maxilla also involved. Three weeks ago the growth on lip and a portion of the inferior maxilla were removed. At present there are evidences of recurrence. Loss of sixty pounds in weight during the past year.

Examination.—Mouth deformed, due to previous operation. There was constant flow of saliva from mouth; at right angle of the very narrowly contracted mouth was a small nodular growth about as large as a pigeon's egg. Glands not palpably enlarged. Floor of mouth not involved. Patient could scarcely open his mouth.

Treatment.—He had been subjected to Roentgen rays, but without benefit. Injections of trypsin were tried, but so many abscesses followed its use that they were discontinued. The lower lip was freed from the inferior maxilla and the growth was excised under chloroform anesthesia.

Patient has not been heard from since he left the hospital. Probable recurrence.

Case 13. History.—Mr. J. T., aged 75, was admitted September 4, 1907. About three years ago he noticed a small wart on the left side of his nose, but, since it did not seem to grow and did not cause him any pain, he let it alone; within a very short time it became an ulcer and grew rapidly. Painful at times.

Examination.—On the left side of nose was a hard movable mass about as large as half of a walnut. The edges of the mass were of firmer consistency than its central portion. The growth presented the appearances of an epithelioma.

Treatment.—Excision under local anesthesia. Primary union.

Microscopic Examination.—The specimen was composed of many small cell nests separated from each other by a slight amount of connective tissue. In many places the nest appeared to have fused, thus forming masses with scalloped edges, resembling rosettes. In the nests the peripheral cells were arranged in a quite regular columnar manner, the central cells being masses together irregularly. Many of the cells were undergoing division. Some round-cell infiltration in the connective tissue.

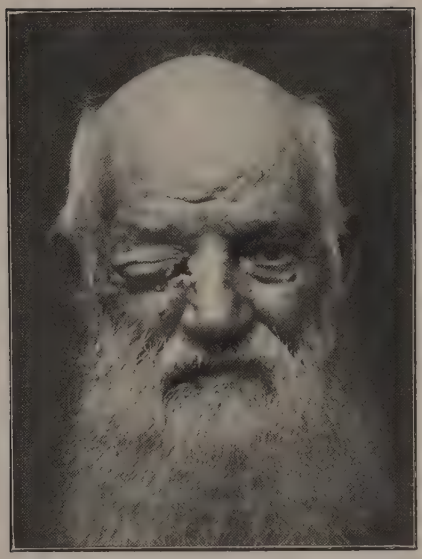
Case 14. History.—Mr. L. B. L., aged 78, was admitted May 12, 1906. Eight years ago he noticed a small wart-like growth on his lower right eye-lid, but it did not cause him any discomfort or did not seem to increase in size until four years later, at which time a small scab appeared. He pulled this off and the wart bled freely. Within a short time the wart began to ulcerate and discharge a greenish, offensive pus, and the parts became swollen and more or less painful. The destructive process extended until the entire lower lid was destroyed; the upper lid was so swollen and edematous that he could not see out of his right eye. No loss of flesh.

Examination.—The right lower lid was practically destroyed. The tissues adjacent to the base of the lower lid were indurated and infiltrated by a growth presenting the appearance of an epithelioma. The upper lid was edematous and obstructed sight of right eye. Eyesight not destroyed. Lymph glands not enlarged.

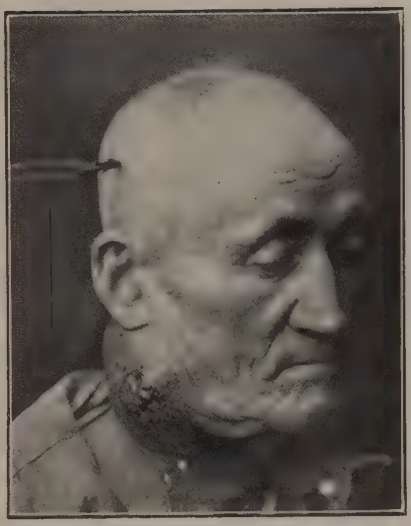
Pathologic Diagnosis.—Rodent ulcer.

Case 15. History—Mr. C. W. N., aged 59, was admitted June 8, 1906. Was never ill until two years ago when he noticed a small wart growing on penis near urethral opening. A few months later he consulted a physician, who burned off the wart. Contrary to expectations, the wound would not heal. Six months ago he was operated on, a portion of the penis being removed. He has become steadily worse and has lost considerable weight.

Examination.—Patient anemic and looked cachectic. The entire penis had been destroyed and was replaced by a large, foul, sloughing ulcer. The testicles were swollen and the scrotum was edematous and ulcerated

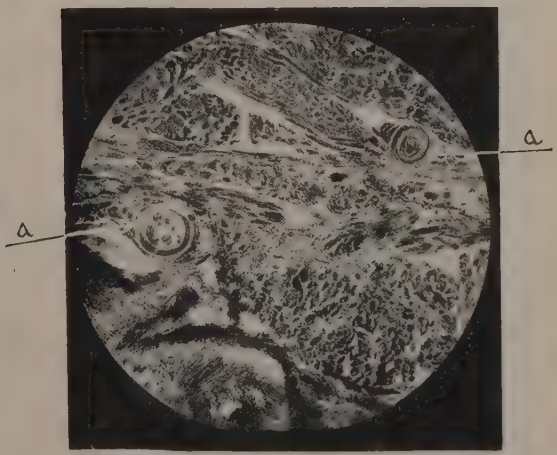


Case XIV.—Rodent ulcer resulting from wart on eyelid.



Case XXI.—Malignant degeneration of wart on neck.

Case XVIII.—Malignant degeneration of wart on lip.



Case XVIII.—a. Trichinæ found in carcinomatous lip.

in places. The inguinal glands were swollen, tender and sloughing. The condition was pitiful and exemplified the distressing result of the physician's failure to do a radical operation intead of a partial one.

Treatment.—Patient's condition did not warrant operation.

Pathologic Diagnosis.—Epithelioma of penis.

Case 16. History.—Mrs. R., aged 70, was admitted December 10, 1907. Sixteen years ago she noticed a small, white, seed-wart on her upper (right) eyelid. It seemed to remain unchanged in size for twelve years, when it began to grow and shift its site from the outer third to near the inner canthus of the eye. Caustics, pastes, salves, etc., had been applied without benefit. Pain was not a prominent symptom. The growth increased very rapidly in size, a small nodule appearing near the margin of the lid.

Examination.—About half an inch above the inner canthus of right eye was a nodular, slightly ulcerating mass as large as a five-cent piece. The growth presented the usual characteristics of a rodent ulcer. On the border of the lid, near the inner canthus, was a small, hard whitish nodule about as large as a pin-head.

Operation.—Excision. Wound healed by granulation. Exposure to Roentgen rays twice a week. Recovery.

Microscopic Examination.—Specimen showed numerous nests of cells varying in size and shape. These nests were distinctly separated by connective tissue. The nuclei of the cells varied greatly in shape and staining qualities; the oval, deeply staining ones predominating. There was a very large amount of round-cell infiltration and of congestion. No attempt at pearl formation.

Case 17. History.—Mr. J. J. D., aged 59, was admitted April 28, 1906. About two years ago he accidentally noticed that he had a small wart-like growth on the back of his left hand; it did not cause him any pain or discomfort until about six months later, when it began to grow. Various acids, pastes and other drugs were applied without success. Five months ago the growth became ulcerated and began to grow rapidly. Two weeks before admission he had a physician remove the growth, but when the sutures were removed, a week after operation, the physician found that the parts had not healed; the wound was gaping.

Examination.—On the dorsum of the left hand, between the base of the thumb and index finger, was an irregular, exuberant ulcer, the size of a silver quarter. Axillary and epitrochlear glands not palpably enlarged.

Treatment.—X-ray exposures were given twice a week for some months. The parts healed and the patient discontinued his visits to the clinic.

Case 18. History.—Mr. G. S., aged 62, was admitted October 14, 1907. Had a wart on his lower lip for twenty-five years, but it did not grow until two months ago. Lower lip had become swollen and the growth was the size of a filbert.

Examination showed patient well nourished and in apparent good health, except for the growth on and swollen condition of his lower lip. Near the center of the free margin of the lip was a scaly growth presenting the characteristics of an epithelioma. The swollen condition of the lip did not appear to be due to the epitheliomatous growth only. The submental and the submaxillary glands were not palpably enlarged.

Having been so frequently impressed with the fact that a wart may suddenly show malignant changes, and appreciating the importance of early excision, the patient was admitted to have the growth removed. One day later, the entire lower lip was excised and the submental glands removed. The silkworm gut sutures were removed on the fifth day. Union was primary.

Pathologic Report.—The epithelium suddenly changed from the normal to an irregular layer of great thickness. Long finger-like projections of cells extended deep into underlying tissues. Throughout the greater part of the growth, the cell nests penetrated down into the muscular tissue and brought about an atrophy of the muscle fibres. Along the advancing periphery of the new growth there was a very marked infiltration of lymphocytes and plasma cells. The cells found in the nests were large and polygonal, and contained a large round or oval vesicular nucleus. Many of them showed varying degrees of keratin formation, and typical epithelial pearls were very numerous. The cells on the surface of the growth showed marked keratin formation and parakeratosis. On the mucous side of the specimen was found a small salivary gland. On the skin side were seen numerous hair follicles, sebaceous and sweat glands. Lying deeper with the muscular tissues were two bodies, circular in shape, with a surrounding rim of homogeneous substance that stained with eosin. This ring enclosed a space in which were found several round and oval bodies that contained cells and nuclei enclosed within a definite membrane. In between these bodies was a small amount of granular pink-staining material. External to the capsule was a slight amount of round-cell infiltration. These masses lay embedded in the muscular tissue, and the adjacent muscle fibers had been flattened in varying degrees. The appearance was that of an encapsulated trichina. These bodies lay quite close to quite a large artery.

Case 19.—G. W., aged 61, was admitted March 25, 1908. Twelve years ago he noticed a small wart near the inner canthus of his right eye. This grew gradually larger, but did not cause pain. Three years after onset it became ulcerated and had attained the size of a silver dime. Quacks applied their preparations without success. A physician excised the diseased area. Two years ago the disease reappeared. The growth has steadily increased in size.

Examination.—Just below the lower right eyelid was an oblong, firm, somewhat scooped-out growth about as large as a pigeon's egg. No palpable glandular involvement. The growth was movable and palpation did not induce pain.

Operation.—The growth, with a wide area of healthy tissue, was excised. A flap was then turned down from forehead. Grafts from thigh were then applied to forehead. Primary union followed.

Pathologic Diagnosis.—Microscopic sections showed growth to be a rodent ulcer.

Case 20.—C. F., aged 41, was admitted April 6, 1908. In 1894 an epithelioma was removed from his right eyelid. Ten years later a so-called "cancerous wart" was excised from back of neck. Three years later a nodule appeared at site of latter operation. Shortly after second excision the growth reappeared. Roentgen treatment had been of no avail.

Examination.—A large (4x3-inch), firm growth occupied the region immediately below, anterior and posterior to the right eye. Growth presented usual appearance of carcinoma. Submaxillary gland and cervical lymphatics showed enlargement.

Operation.—Patient refused surgical treatment.

Case 21.—W. B., aged 78, was admitted March 11, 1908. About one year ago he accidentally noticed a warty-like growth on the right side of his neck. Recently it began to grow until at present it has attained the size of a hen's egg.

Examination.—A large, firm, nodular mass occupied the region of the submaxillary (r) gland. The general condition of patient contraindicated operation. The growth had every clinical manifestation of a carcinoma. See plates.

Operation.—Patient went home for a few days and died two days later. Autopsy was not obtained.

Case 22.—B. B., aged 84, was admitted February 24, 1908. For many years patient has had a small wart on the dorsal surface of the right hand. The wart has been increasing in size during the past few years. The patient is a manufacturer of wooden shoes, and whenever the wart attained an undue size he would cut off the uppermost portion with his knife. Of late the wart has been increasing rapidly in size and bleeds frequently. It causes him pain and anxiety.

Examination.—Upon dorsal surface of right hand was a growth larger than a silver dollar. It had every appearance of a carcinoma. Epitrochlear gland was not palpably enlarged.

Operation.—The growth was excised and grafts from thigh applied. Primary union followed. No "recurrence" up to present.

Pathologic Diagnosis.—Microscopic sections showed growth to be a squamous epithelioma.

Case 23.—A. S., aged 59, was admitted January 4, 1908. Six years ago she noticed a dark spot, like a mole, on the left side of her nose near nasofrontal juncture. This has increased gradually in size. In 1903 she consulted a Roentgen ray specialist who applied his art for ten months without benefit. The growth has continued to grow. In 1905 a "cancer specialist" was consulted and temporary relief secured.

One year later recurrence was noticed. Patient has suffered more or less constant pain since recurrence was noticed.

Examination.—An ulcerating growth involving the inner half of both (l) eyelids, and the left side of base of nose was found on examination. A silver quarter would cover the diseased area. Growth was a rodent ulcer.

Treatment.—Refused operation.

Case 24.—L. W., aged 55, was admitted in October, 1906. In 1869 patient observed a small wart on his lower lip near the outer third at the muco-cutaneous juncture. Five years after its first appearance it had attained the size of a filbert. A physician excised the warty-like tumor, but about two years later it reappeared. It grew gradually larger until it was as large as his thumb. Whenever roughly handled or accidentally contused, it would bleed. In 1901 a "specialist" "burned out" the growth. Three years later the disease reappeared in the form of an open sore and has continued to increase in size.

Examination.—Practically all of the lower lip has been destroyed by the disease. The inferior maxilla appears free from involvement. The growth had the appearance of a carcinoma. No palpable glandular involvement.

Operation.—Growth excised and new lip made. Patient left hospital in apparent good condition. (In July, 1908, patient returned for treatment. His condition was found to be worse than at previous admittance. See plate. The inferior maxilla is involved. Operation will be performed within a few days.)

Microscopic Examination.—Sections of growth showed it to be a carcinoma.

Case 25.—K. K., aged 58, was admitted June 18, 1908. One year ago she noticed a small warty-like growth on her right cheek. It seemed to become gradually larger. She applied various so-called "remedies" without benefit. Recently the wart has been converted into an ulcer.

Examination.—A small ulcer, about as large as a silver dime, was found on the right cheek near the molar eminence, which had the usual appearance of a rodent ulcer. No palpable glandular involvement.

Treatment.—Refused operation.

It is a pleasure to acknowledge my indebtedness to the Senior Surgeons, Drs. Carson, Lutz and Mudd, for their kind permission to report these cases, and to Dr. McConnell for the pathologic reports, and Dr. Mook for the photographs, and to Mr. Wm. K. Ilhardt for many kindnesses.

These cases, and a study of the literature, warrant the following conclusions:

1. Warts and moles, especially when situated in exposed parts of the body, or when subjected to frequent irritation should be ex-

cised as soon as possible, lest they become malignant and destroy the life of the individual.

2. Just as soon as a wart or mole begins to rapidly increase in size, it is almost always already a malignant growth.

3. The secret of success lies in the excision of the blemish before malignant changes manifest themselves.

4. When wart or mole shows evidence of malignant change, the only hope of success in the treatment lies in *excision of all of the diseased tissues*. "Recurrence" signifies failure to remove all of the diseased tissues at the primary operation.

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SOME WAYS AND MEANS TO OVERCOME THE PRACTICE OF PRESCRIBING READY-MADE REMEDIES AND PROPRIETARIES.*

BY L. E. SAYRÉ, DEAN OF DEPARTMENT OF PHARMACY, UNIVERSITY OF KANSAS.

The title of this paper assumes that the prescribing of ready-made proprietaries and nostrums is an evil, and while it might seem to some in place to point out and prove that the evil exists, how this practice is an evil, and to show who are the guilty ones in fostering and promoting it, neither of these points is especially contemplated in the present paper. The practice of prescribing commercial, unethical remedies has been admitted, thoroughly ventilated and criticisms most universally accepted by professional physicians and pharmacists. In presenting suggestive measures to overcome the practice, I have thought it might be profitable at the outset, by way of introduction to answer the oft-repeated question: What right have Physicians, Pharmacists and Scientific Men to practically confiscate the property of the proprietary medicine and nostrum manufacturers? Manufacturers, who have, for example, devised, successfully compounded, manipulated, and through costly advertising, exploited, and distributed certain remedial agents and obtained for them enormous values? Let us take, for example, two well known cases that are now matters relegated to past history. We will take for one, a very common preparation, which has yielded, under its trade name, to a manufacturing company a return of thousands of dollars. This preparation represents what we may call a commonly used and very innocent local application, an ointment base. And, for the second we will take one of the more important and recent organic or synthetic preparations, which we should recognize as a valuable antipyretic, which has had a phenomenally successful commercial experience under a trade name. The question, frequently propounded, is: "What right have scientific men, who investigate medicinal and pharmaceutical preparations, to attempt to usurp the rights, and, in a measure, to confiscate the property of the owners of these substances by producing what some have erroneously called imitations or substitutes?" Herein is involved a principle, and this principle is worth bringing out squarely. To answer the question we would refer to two items of interest, which relate to the Pharmaceutical and Medical professions:

In the certificate of incorporations and in the Constitution of the American Pharmaceutical Association, the objects and aims of the or-

*Read before the Jackson County Medical Society, October 13, 1908.

ganization are set forth in certain simple paragraphs, in substance as follows:

1. To improve and regulate the drug market, by preventing the importation of inferior, adulterated, or deteriorated drugs, and by detecting and exposing home adulterations.

2. To encourage such proper relations among Druggists, Pharmacists, Physicians, and the people at large, as may promote the public welfare, and tend to mutual strength and advantage.

3. To improve the science and art of Pharmacy by diffusing scientific knowledge among Apothecaries and Druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention, and encouraging home production and manufacture in the several departments of the drug business.

4. To regulate the system of employment, so as to prevent, as far as practicable, the evils flowing from deficient training in the responsible duties of preparing, dispensing and selling medicines.

5. To suppress empiricism, and to restrict the dispensing and sale of medicines to regularly educated Druggists and Apothecaries.

6. To uphold standards of authority in Education and in the Theory and Practice of Pharmacy.

7. To create and maintain a standard of professional honesty, with a view to the highest good and greatest protection to the public.

The American Medical Association, it is needless to say, has a code of ethics, which emphasizes very strongly the spirit herein involved, and in very appropriate and emphatic language puts itself on record as against empiricism and secrecy in any form of practice.

Bound up, as these organizations are, by a code of ethics, which plainly and unmistakably point to investigation and open-handed publication, as opposed to secrecy and to the locking up of processes and products, it is a logical procedure for these professions to make numerous and persistent efforts, through scientific research, and other means, to eliminate the mysticism and empiricism which have attached themselves to their science in Ancient and Medieval times.

Applying the principle of investigation to the first medicinal product—the local or external preparation referred to—we have found that that preparation, which was locked up for so many years, and produced to its advertisers, thousands of dollars profit, to be a well-known by-product. It was proved that this article was a residue left after distillation of petroleum, a semi-solid substance rich in paraffin, having the consistency of ordinary fats, resembling the latter in many of their physical properties. It was further found that this product was locked up by a trade-mark under the name of Cosmoline, or Vaseline, for which physicians, pharmacists and patients, who lent their aid in its introduction, were obliged to pay several times the computed value of the substance. Furthermore Cosmoline being the property of a manufacturing company, had, in a sense, no "standard" of quality, as this term

is now pharmaceutically applied, and no one could hinder if the whim of the corporation owning it, choose to alter its composition. It should be said parenthetically that the same license (of altering composition) applies to proprietary articles for which there is no such standard. Antikamnia, Antiphlogistine, Bromidia, Liquizone, and what not may not be precisely the same this year as they were last. Uncontrolled by a scientifically recognized and accepted standard, and because of the property rights of the manufacturers, they may be changed in composition if such change should be profitable. It is therefore a perfectly logical procedure for the physician and pharmacist, who demand an acceptable standard, who are opposed to secrecy, who are pledged to promote research and to publish its results, to replace this same unctuous base referred to by one whose standard may be fixed and controlled, and whose price shall be nearer its true commercial value. This has been done. Petrolatum, as an ointment base, has certain Pharmacopœal standards applied to it. And a pound can be bought for less than was formerly paid for an ounce of Cosmoline. The history of this very familiar article, and the application of the same policy of investigation is repeated in the second example above referred to. The official antipyretic, acetphenetidin, which we are now able to control by a standard, can be sold at 25 cents per ounce, when for Phenacetin, controlled by manufacturers, we were obliged to pay $1.25 per ounce.

If an ingenious French pauper, in order to gain some crumbs of bread, invents a flea powder, which he bottles and sells for 25 cents a package (small at that), and it is discovered that it is nothing but wood ashes and dust of the earth, if it is also found to be good for fleas, two things are legitimate; the publication of its composition, and the statement that it is good for fleas—it may become common property. It may be standardized, and for 25 cents one may buy a barrel instead of a small ½ oz. package.

St. John Long, in the early part of the last century practiced as a consumption doctor. His principal remedy was a secret embrocation which he would not permit out of his hands. Investigation proved it to be composed of acetic acid, oil of turpentine, emulsified by yolk of egg, and an aromatic water. This St. John Long's Liniment, well known to-day, is relegated to its proper place, not a consumption cure, but simply a stimulating liniment of turpentine. This preparation had applied to it the same principle by which phenacetin has become acetphenetidin, and cosmoline has become petrolatum. Thousands of preparations have met the same fate by the application of this principle. Bateman's drops, Godfrey's cordial, Hooper's female pills, Lady Webster's dinner pills, Turlington's balsam, Steer's opodeldoc, British oil, and thousands of others of the secret and proprietary class, all have met the same fate when these principles of pharmaceutical and medical ethics have been applied. It has inevitably, in a sense, captured them and divested them of the extravagant virtues claimed for them. No intelli-

gent person will say to-day that science did wrong in capturing and making public, these so-called proprietaries. No one would say that for the benefit of the Professions of Pharmacy and Medicine, and for the public good that it is not absolutely essential that the work of investigation and promulgation should continue and proceed, and that the broadest application of ethical standards of medicine and pharmacy should not be vigorously applied. This principle once admitted it is clear that there is no usurpation of rights. These so-called proprietary rights must yield to the consequence of the higher rights of scientific research and the public welfare. While all this is true it is not to be understood that this higher right allows one to help himself to other people's property, when real property can be proven.

From what has been said, it may appear that one of the ways and means of overcoming the evil of prescribing proprietary and secret remedies has been hinted at. Scientific research and publicity is certainly one of the means of combating the evil. These two elements—Scientific Research and Publicity—characterizes the work of the Section of Pharmacy and Therapeutics of the American Medical Association. This work is now, it is well known, in the able hands of representative men in both professions. It may be said in passing that the Federal and State Food and Drugs Law, acting in harmony with the above principles, have resulted in the withdrawal from the market of hundreds of secret preparations and has checked, very materially, the lower forms of nostrums. To cut off the supply is another means suggested of overcoming the evil.

This project of the American Medical Association[1] is to inquire into the composition and standing of the several medicinal preparations of a proprietary character that are or will be offered to the medical profession, and by comparing them to the requirements embodied in a set of ten rules that have been adopted as a guide, determine, so far as is possible, whether or not the individual preparation, and the firm or firms exploiting the same, are deserving of the patronage and confidence of physicians and pharmacists. The result thus far has been the publication of several small volumes, among them a book entitled "New and Non-Official Remedies," which contains a list of such preparations as come up to the requirements, with such additional information on the composition, properties and uses of the same as might be considered necessary or of advantage for the rational use and control of the several preparations.

The Council was aware of the importance and difficulties of the work to be undertaken, and did not take a step forward without being sure that it might be just to all concerned. It did not dare to hope for perfect results, and could only promise to strive earnestly, honestly and impartially to avoid serious errors of commission and omission.

1. Jour. Amer. Med. Ass'n, March 4, 1905.

The rules governing the admission of articles were:

"Rule 1.—No article (that is drug or remedy) will be admitted unless its active medicinal ingredients and the amounts of such ingredients in a given quantity of the article be furnished for publication. (Sufficient information should be supplied to permit the Council to verify the statements made regarding the article, and to determine its status from time to time.)

"Rule 2.—No chemical compound will be admitted unless information be furnished regarding tests for identity, purity and strength, and if a synthetic compound, the rational formula.

"Rule 3.—No article that is advertised to the public will be admitted; but this rule will not apply to disinfectants, cosmetics, foods, and mineral waters, except when advertised in an objectionable manner.

"Rule 4.—No article will be admitted whose label, package or circular accompanying the package contains the names of diseases, in the treatment of which the article is indicated. The therapeutic indications, properties and doses may be stated. (This rule does not apply to vaccines and antitoxins, nor to advertising in medical journals, nor to literature distributed solely to physicians.)

"Rule 5.—No article will be admitted or retained about which the manufacturer or his agents make false or misleading statements regarding the country of origin, raw material from which made, method of collection or preparation.

"Rule 6.—No article will be admitted or retained about whose therapeutic value the manufacturer or his agents make unwarranted, exaggerated or misleading statements.

"Rule 7.—Labels on articles containing "heroic" or "poisonous" substances should show the amounts of each ingredient in a given quantity of the product.

"Rule 8.—Every article should have a name or title indicative of its chemical composition or pharmaceutical character, in addition to its trade name, when such trade name is not sufficiently descriptive.

"Rule 9.—If the name of an article is registered, or the label copyrighted, the date of registration should be furnished the Council.

"Rule 10.—If the article is patented—either process or product—the number and date of such patent or patents should be furnished. If patented in other countries, the name of each country in which patent is held should be supplied, together with the name under which the article is there registered."

The following is a list of the names of members of the initiative Council on Pharmacy and Chemistry, American Medical Association:

Arthur R. Cushny, Ann Arbor; C. Lewis Diehl, Louisville; C. S. N. Hallberg, Chicago; Robert A. Hatcher, New York; L. F. Kebler, Wash-

ington; J. H. Long, Chicago; F. G. Novy, Ann Arbor; W. A. Puckner, Chicago; Samuel P. Sadtler, Philadelphia; J. O. Schlotterbeck, Ann Arbor; Geo. H. Simmons, Chicago; Torald Sollmann, Cleveland; Julius Stieglitz, Chicago; M. I. Wilbert, Philadelphia; H. W. Wiley, Washington.

This proposed plan, to eliminate secrecy and quackery, has met, and will continue to meet, with strenuous opposition and vigorous denunciation from various sources. Its ultimate success or failure will, and must, depend largely on the honesty of purpose, good will and assistance of the pharmacists and physicians of this country who are in a position and who are in duty bound to assist in every possible way—but reform cannot come in a day.

It is virtually impossible that any dozen or fifteen men should be able to command all of the information that will be necessary to properly classify the numberless remedies and mixtures that are being offered, and, to properly safeguard the interests of the public, and the professions more directly interested. At the same time every care is taken to avoid any possible injustice to manufacturers. This cannot be done without the active aid and assistance of all that may be interested.

The timeliness of this movement on the part of this National Association is emphasized because of the Reformation in Materia Medica which has awakened the interest of the medical profession.

This reformation required, as did the other work, the coöperation of Pharmacists, Chemists, Pharmacologists and other medical specialists. Of necessity the two works representing the standards for medicine in this country—the United States Pharmacopœia and the National Formulary had to be persistently brought to the attention of physicians. And as a result the so-called Propaganda for the prescribing of U. S. P. and N. F. Preparations, instead of proprietary pharmaceuticals, is the logical and unavoidable result of the better knowledge and more thorough understanding of medicines by the average practitioner who now begins to realize the value of these standard works.

An unfortunate result, however, is this: The incidental exposures of the false and misleading claims of many of the best known proprietaries has inaugurated a campaign of calumny and misrepresentation by certain "interests" who feel themselves hurt. Disregarding the ethical side of this movement and regarding only their selfish interests they let no opportunity pass to spurt their venom against the retail druggist and against the medicinal standards, the U. S. P. and N. F.

The question is not infrequently asked, what is the National Formulary? The U. S. Pharmacopœia most physicians are familiar with. It would seem in place here to give a brief definition of what the National Formulary is intended to be. I will give a practical Pharmacist's definition. One of our eminent Pharmacists was asked to write his definition, and this is his answer:

The book isn't a Pharmacist's book—it's a doctor's book. The Pharmacopœia is a doctor's book, too.

The doctor uses the preparation—the pharmacist makes it for the doctor from the book.

The N. F. is a treasury of good practical things, mostly compounds: the overflow from the pharmacopœias of the world,—sometimes adapted, sometimes transcribed.

Some of the meritorious ideas gleaned from the examination of nostrums are utilized and properly: A good thing in medication should be the nation's or the world's property and not a private hoard. So the book affords an ethical way of using proprietary good things.

The druggist ought not to be the pusher of formulas on the doctor. If the book is of value the doctor should determine the fact for himself.

The first thing he should do is to buy a copy and look it over at leisure. It is astonishing to find how many valuable quarter hours can be gotten out of a formulary.

If medical schools are paying little attention to the teaching of methods of exhibiting medicaments—the required knowledge may be gleaned to certain practical extent from formularies. There is some suggestion to the prescriber on every page.

If he approves the book, as a whole or in part, he should tell his preferred druggist what things he would like to have made up and held in readiness for prescriptions or purchase.

There are, perhaps, 600 formulas in the book. Scarcely a tithe of them are in demand. In different localities probably a differing 5% are used. It would be manifestly important to the pharmacist to have all the formulas ready for calls that might never come. To have a small quantity of each preparation on hand would possibly lock up $600.00 of his money—or $50.00 or $60.00 in annual interest income. Some things deteriorate, and unless used, would be dead loss. Therefore the pharmacist should be advised as suggested.

The mistaken impression that factory-made goods have some occult superiority over the preparations turned out by graduate pharmacists should be dispensed with and not be allowed to obscure the fact that the N. F. preparations are easily made by the practical educated man. The doctor should not allow himself to be "worked"—that's the words by the manufacturer's agent who may argue otherwise. The N. F. goods should be regarded as in the pharmacist's province of manufacturing, as they are.

Referring again to the work of reformation of our Materia Medica and Therapeutics we cannot refrain from quoting the words of Dr. H. C. Wood, Jr., who had occasion to speak upon the importance of the movement at one of the meetings of the Medical Societies. He said:

"Year after year we gather in medical societies and discuss cases showing unusual symptoms, of points of difficult diagnosis, or problems in pathology; but year after year we fail to say anything about the

treatment of the disease. This section itself is an evidenec of the desuetude into which the subject of therapeutics has fallen, for, despite its vigorous activity in the last few years, it still remains the smallest section affiliated with the American Medical Association, whereas it should be the largest after the general Sections on Medicine and Surgery. In the face of such lack of interest among physicians in the art of healing, can we wonder that Eddyism, faith cures, osteopathy and all other kindred schisms flourish so luxuriantly?

Two very different results have followed this slighting of the subject of therapeutics. On the one hand has arisen a group of nihilists, who, because of their own ignorance of the value of medicinal measures, or the means of applying them, stalk up and down the world, proclaiming that all drugs are useless. On the other hand, those who have looked to the leaders of the profession for advice as to curing their patients, being turned away in scorn, have accepted the exalted accounts of those interested in the sale of drugs, and dosed their patients with the unspeakable concoctions of the nostrum monger.

With the former group I confess I have but little patience; the egotistical effrontery of an ignorant workman, who, because he does know how to use his tools, boldly denounces the tool as worthless, excites disgust for his self-conceit rather than pity for his ignorance. To such practitioners I can only say that if they can not treat disease they had better abandon the profession of medicine.

The second result of this neglect by our medical schools and by our medical societies has been the abnormal development of the business of manufacturing secret mixtures. The evils of the traffic in nostrums has received so much attention in the last few years by both the lay and medical press that I feel a hesitancy in broaching the subject of such an oft-told tale; but my excuse is that weeds grow faster than flowers, and that until the last specimen of rank vegetation is uprooted from the garden of medicine we can not cease our vigilance. At present we are in the throes of a crisis in the struggle against the abuse of the trademark and copyright law. Like a sleeping Gulliver, the medical profession has allowed itself to be bound down with innumerable bonds until only with determined effort can it hope to free itself. Thousands of physicians throughout the country have become so much the slaves of the nostrum that they can hardly practice medicine without set formulas, and they allow their practice to be governed by the assurance of the glib-tongued ignoramus who calls at the behest of the drug house to instruct them how to treat their patients.

On the other hand, so accustomed have the proprietors of these mixtures become to the suppineness of the physician who allows his desk to be made the repository of brilliant-hued blotters and his journal a collection of "patent medicine" advertisements, more blatant in their falsehood and indecency than the yellowest of the yellow press, that when a physician dares to utter an opinion contrary to the interests of

the pharmaceutical proprietor he becomes the object of astonishment to the profession and of vituperation by the editorial employees of the drugmakers all over the country.

It is easy to diagnose the disease which afflicts the body medical and it seems to me that the remedy is almost equally plain. If our therapeutics has atropied from lack of use, is not exercise the natural treatment to restore its function?

Of all the sciences on which we might build a system of therapeutics the most important is pharmacology, because, after all, despite the assertion of certain factions, in the great run of cases drugs still hold our chief confidence in the treatment of disease. Therapeusis is an art, but pharmacology is a science. We might logically debate the proposition whether pharmacology is an exact science if the latter term had any meaning. Science is a collection of facts, and a fact is a fact, and no fact can be more true than any other. The difference between the sciences is simply in the number of facts which have been determined for each, and in no realm of knowledge have we touched on the infinite number of possible facts, the truth of which can only be settled by experiment. Pharmacology is a young science, and there are many questions urgently demanding answer, but as far as it goes its facts are as certain and as unwavering laws as those of chemistry or any other branch of natural philosophy. Chronic objectors instance some well-known drug and point to the diversity of effects it exercises in different persons or under varying circumstances. But we find as remarkable changes brought about by dissimilar conditions in every other field of investigation. Tannic acid precipitates many alkaloids from their aqueous solution, but make the mixture sufficiently acid and no visible change occurs. You ask me why it is that the presence of potassium iodide renders iodine soluble in water.

Train our medical students into a true knowledge of the functions of the healthy human body; teach them the character of the changes which are produced in those functions by disease, and teach them what we know of the effects of drugs on the healthy and on the diseased body, and when they understand these facts because they know the possibilities of drugs they will not throw them away as useless; and because they know the limitations of drugs they will not be tempted to wander into the fields of polypharmacy of nostrumgiving."

It may not be out of place in closing to call attention to the address made at Hot Springs, Arkansas, by the President of the American Pharmaceutical Association, who refers in his address to the patent medicine fads, and to the pharmacists and physicians. He said:

"Druggists have suffered in public esteem because they were the distributors of these nostrums, and were supposed to have some general knowledge of their composition. Accordingly the disciples of Mrs. Eddy, psychotherapy, osteopathy, and various other forms of drugless healing, have had their fling at druggists and doctors, certainly not to the advantage of either. In addition to this, many

regular physicians have become so imbued with the newest fads in medical practice as to try to cure all the ills that flesh is heir to by the use of such agencies as sterilized food, sterilized drinks, and sterilized air, with the occasional use of the hypodermic needle and hypnotic suggestion. Serums, toxins, antitoxins and opsonins now hold sway, while old-fashioned and well-tried remedies whose action is understood, are discarded, because rational and scientific therapeutics have been neglected for nearly two decades.

Both professions are interested in discouraging self-medication. Doctors are usually glad to confine their prescribing to preparations made by published formulas, when shown in a courteous manner how they can do so, provided they can also be shown that the articles thus made are of equal reliability with advertised specialties, equally elegant in appearance, taste and all other qualities likely to appeal to a patient. It is not to be expected that physicians will at once change their habits. Persistent, patient, good-natured efforts have to be made to bring this about. But it can be done, and is being done, to an extent that justified the time and energy put into the work.

As to manufacturing pharmacists, we should have them concede the importance of pushing the preparations of the United States Pharmacopœia and National Formulary in place of those possibly of equal merit but made by unknown formulas marketed by manufacturing houses, we yet should see a place for these firms in the economy of our time. There will always be some processes that can be better carried out in a factory, where every possible advantage of machinery, especially trained and minutely organized labor, and all the appliances of the latest scientific knowledge and engineering skill are at hand."

These firms have done pharmacy a service in manufacturing elegant and acceptable products, and yet the advantage of machinery and appliances of the large laboratories has been very much overestimated and unduly lauded by the agents of these establishments, a large proportion of the machinery and other appliances have been directed mainly to turning out very large quantities of material for the market. For example, the manufacture of emulsions on a large scale, and the turning out of compressed pills and triturates. Quantity is the main object of the machinery. It is undoubtedly true that an emulsion is invariably better if extemporaneously and freshly made, and a compressed pill is more soluble when freshly made and less liable to be chemically or pharmaceutically altered when it reaches the patient. Deterioration and chemical change is one of the things to especially guard against in medicinal articles, and the ready-made goods are, to say the least, to be carefully watched.

The speaker then referred to a number of instances where the extravagant claims of the manufacture of proprietary remedies had been exposed, and to questions relating to deterioration, taking up a very important part of the discussion, which was of much interest to those who are working with this interesting problem.

CONSERVATISM IN MEDICINE.*

BY WM. L. BROSIUS, M. D., GALLATIN, MO.

It was Patrick Henry who said: "We have no way of judging the future but by the past."

By reviewing some of the items of history, with which we are all familiar, and considering the attitude of our profession toward them, we may judge whether the conservatism which characterized our fathers was profitable or not; and how we should deal with some of the problems and pretentions of to-day.

Hydrotherapy was used by Hippocrates. Horace tells us of Antonius Musa, the "hydropathic physician" to Emperor Augustus. Celsus and Galen made favorable mention of the use of water in the cure of disease.

During the Middle Ages, Paulus, Paracelsus, and other physicians of note advocated the use of water, and extolled its virtues. Physicians of England during the eighteenth century wrote of water in the cure of disease. And yet we find Vincent Priessnitz, a Silician farmer, was the first to establish a hydropathic clinic and put the use of water, cold and hot, internally and externally, upon a scientific, popular and profitable basis, which, with his hygienic teachings, established a "new system of treatment;" and to this layman we owe much of our present knowledge of hydrotherapy.

Massage is probably as old as the race. Homer alludes to it; the Egyptians used it; the Turks and Russians combine it with the bath. It was the property of the profession for ages, and yet it remained for Pehr Henry Ling, a Swedish poet, as late as the nineteenth century, to formulate a system of "movement cure;" and for the unlettered and obscure Still to impose a crude mixture of massage and suggestion upon an unsuspecting and long suffering people, and to have it dignified, by a legislature of Missouri by making it a "system of practice."

Franz Mesmer was a physician, and together with Father Hell, about 1772, began to investigate the curative power of the magnet. In six years he had attracted attention in Germany and France, and made a fortune by his "magnetic cures." His work obtained the support of many physicians, neither he nor they knowing that his cures were the result of suggestion and not from any virtue in the magnet. Hence he was unable to explain the secret of his success to the commission of physicians and scientists appointed by the French government, upon whose unfavorable report he lost the 20,000 livres offered by the gov-

*Read in the Medical Section, Fifty-first Annual Meeting, Springfield, May, 1908.

ernment. Losing also the public favor, he lived in disrepute and died in obscurity.

It has fallen to the lot of Mrs. Eddy, after purloining bodily "Science of Man," the work of Dr. Quinby of Portland, Maine, to utilize the teachings of Mesmer, and so apply the touchstone of commercialism to the hypnotic condition as not only to give her the reputation of being the greatest healer of modern or any other times, but to enable her to extract from the plethoric purses of the affluent the largest amounts of money ever given to build magnificent temples to stupendous credulity. Upon the same lines, Bishop Fallows, of Emmanuel Church, has established what he calls "Christian Therapeutics," where you can get Christian Science, with the Eddy left out.

If, when Hahnemann promulgated the doctrine of potentialization, or dynamization of drugs by trituration or agitation, thereby imparting a spirit force, the profession had been ready to discover the value of a small dose, and in many instances, no dose, and at the same time point out the fallacy of Hahnemann's reasoning, we would to-day have no such sect in medicine.

Electricity has come to us as a very potent force, transporting us, and transmitting our thoughts, over hill and vale, under and over seas, with and without wires. Some of the modalities of this wonderful force are laying claim to our attention, and are expected to contribute to our therapeutic equipment. Shall the profession lay it under tribute? Or shall we leave its application to the enterprising physicist, who knows little of physiology and less of the pathologic conditions in which it is supposed to be of value, and whose application must of necessity be wholly empirical?

The hydropath, masseuer, hypnotist, homeopath, christian scientist, osteopath, thermopath, the physio-therapeutist and psycho-therapeutist, are all claiming the attention of the public and of the profession as well. All these cults, *pathies* and *isms* are in a large measure the result of the conservatism of the regular medical profession.

While we are contending with disease in its many forms, and facing in personal and, many times, single-handed combat the Grim Reaper, we have not given the attention we should to the pretensions of the unlearned, half-learned and learned but unscrupulous imposter.

Now I believe the regular medical profession is intellectual enough, has the breadth of mind and is generous enough, to consider and appropriate whatever there is of good in earth, air, fire and water for the relief of suffering, and the perpetuation of human life; and but for our conservatism we would be more fully in command of all the forces which contribute to that end.

We should ever be mindful that truth is eternal, and our instructors should investigate without prejudice; discover the truth; eliminate the error; be able to know the possibilities and limitations of things, both old and new, and so set them before the coming doctor, that he may be very

much better grounded and equipped for his calling than we who are going before.

We should not be unmindful of the contributions of our profession to the world's scientific progress, and to the comfort and longevity of man. In fact all the *pathies* and *isms* to which we have referred have not contributed one item to the advancement of knowledge, or the betterment of the race.

They have always been, and will continue to be, like noxious plants in the field, that only consume the soil and contaminate the harvest. All this is true because of our conservatism, our lack of aggressiveness.

When we remember that Harvey kept his discovery to himself for ten years and then suffered professional ostracism; and how Jenner was treated by his contemporaries; and how, when Ambrose Paré tied a bleeding artery the men who should have admired his boldness, strewn his path with flowers, and wreathed his brow with the garlands of a conquerer, said: "Paré is willing to risk a man's life on a string;" we little wonder that the noblemen of our profession to-day, the men who occupy the positions upon the watch towers, are not inspired to explore new fields, because they know that we are so slow to cultivate them.

But let us take courage. May the work of such men as Virchow, Koch, Pasteur, Behring, Reed, Agramonte, Carroll, and Lazear, inspire us to say to our investigators and instructors, "Lead on. We will try to show ourselves worthy of your labors and sacrifices."

DISCUSSION.

Dr. J. M. Allen, Liberty: The doctor has outlined very truly the relation of the profession to the various *isms*. The success of these *isms* has been one result of the attitude of the medical profession. Of all the mistakes that ever crawled into the profession this idea of suggestive therapeutics is one of the worst. It is the foundation of vitopathy, healers, etc. You must bear in mind that in life everything has a physical force behind it, and unless you overcome the physical conditions you accomplish nothing. It is this attitude of the profession that is the cause of the growth of these frauds. So few physicians have the manhood to publicly condemn them. Let the people know that the better element of the medical profession considers these *isms* as frauds and they will vanish before us. Everything vanishes before truth. These things could not grow by themselves or if they did not meet the approval or the endorsement of some of the medical profession. I never let such a matter come before me without I hit it a lick, the best I can.

Dr. John Punton, Kansas City: It is most refreshing to hear such a paper read at the state meeting. At the Kansas Society recently I heard a similar paper, read by a preacher, and I only regretted that it was not read by a doctor instead of a preacher. There is no doubt that every form of occultism vanishes before truth, but every man here knows that "as a man thinketh in his heart, so he is." Every man knows that the mind influences the health, but the real application of it has been

lost sight of to such a degree that it has been left to the charlatans, who have applied it with such effect that the laity are beginning to think that these charlatans are more successful than we. There is no doubt but the medical profession is too conservative toward quackery. We don't like anything that smacks of quackery, much less do we like to use anything that they use. The consequence is that they are plucking the laurels that belong to us. I stand here as an advocate of psychotherapeutics, and if it were used more than it is to-day, many of the cases that the profession fail in, they would be successful in,—and they refuse to resort to this one thing because it smells of quackery. We all want to know what mind really is. Every scientist will tell you that we do not know what mind is any more than we know what electricity is, but because we do not know what it is, is that any reason why we should not use it? We use electricity to light our houses and pull our street cars and we should use the mind to influence disease. Many physicians will go through thirty years' experience and never know that they themselves use this power. Such a man wields a power that he is not aware of, he lives a scientist and dies a fool. Much of the benefit obtained in the treatment of cases of myocardial degeneration is due to psychotherapeutics. He may benefit the patient though he can not cure him. Many patients who can not be cured by surgery may be strengthened and benefited by non-medicinal methods.

Dr. Charles Shattinger, St. Louis: This is a splendid paper. But do not put the cart before the horse. We do not borrow from quackery, quackery has picked up the bones that we cast on the refuse heap. Do not be afraid to go back to the refuse heap and take a bone if you know there is still some meat on it, and do not be afraid to say, "this is *my* bone." Because Dr. Kneipp makes fools walk barefooted in the grass, do not be afraid to give your typhoid fever patient the only treatment that will help, viz., the cold bath. Because Mrs. Eddy has thousands of fool votaries, do not be afraid to enter the sick room with a cheerful countenance. Use every effective method that you can to combat disease and claim it as yours by right, and nobody will dream of your being allied with the quack.

Dr. Brosius, in closing: I want to thank you for the reception given this paper. I had no intention of calling anybody a quack. I said that the ancients believed in the four elements, fire, water, earth and air; that they all belonged to the profession. The doctor has a right to use anything, from the actual cautery to ice, and the thing I wanted to get before you was the fact that this all belongs to the regular profession. I said when I came here that some of the best men in the state would be here with the cream they had been gathering and the only question in my mind was whether I would have a jug big enough to carry it all home. We should encourage the investigator and not look for information to the men who have a commercial interest in these things, and thus be led astray. We should know how to use these discoveries to the best advantage because they are our property.

APPENDICITIS.*

BY WILLIAM S. SHIRK, M. D., KANSAS CITY, MO.

The first point to be settled in the consideration of the vermiform appendix and its pathology, is its identity, what is it, where did it come from, what is it doing here, and what will its future probably be. The appendix is undoubtedly the rudimentary remains of a primitive intestine, the undeveloped distal portion of the primitive cecum.

There was a time undoubtedly in the evolutionary development of man when the food products upon which he must of necessity subsist were coarse, raw, and of a nature poorly suited to the nourishment of man as we now know him. He lived on roots, berries, bark, raw flesh and in fact on whatever he was able to procure. Now this sort of food required more manipulating, and more digesting, to get out of it the requisite amount of nourishment to sustain, than does our nicely prepared, half digested, well cooked, pure food products of the present day. Therefore our ancestor, to accomplish this end, had to have more intestinal surface, more bowel, a greater working force, a more powerful digestive plant than we need to-day, with our scientific methods of preparing clean, healthy, simple and nourishing foods. This primitive intestine was part of this greater plan, but now that the necessity for its presence has gradually disappeared, the intestine itself, like everything disused in nature, is gradually disappearing. Sometime in the future it will probably have disappeared entirely, and appendicitis will have become simply an historic disease.

Anatomy. The anatomy of the appendix, and its anatomical relations to the abdominal cavity and its contents are of the utmost importance to the surgeon.

The appendix is a long, narrow, musculo-membraneous tube attached to the lower end of the cecum at a point corresponding to its inner and posterior wall. It averages 3½ inches in length, its extremes are from 1 to 6 inches, and even 9 has been reported. Its diameter is from ¼ to ½ inch. It reaches its full development in early adult life and atrophies in old age. Its structure is similar to that of the large bowel. Just above the appendiceal orifice is a semilunar fold or reduplication of mucous membrane which is known as the valve of Gerlach, which, however, is not a true valve, but acts like one under certain conditions, that is when the mucosa is inflamed and swollen during muscular contractions of the appendix itself, or when the position of the appendix is such that its attachment to the cecum is at an acute angle.

*Read in the Surgical Section, Fifty-first Annual Meeting, Springfield, May, 1908.

The submucosa is composed of areolar tissue which is composed largely of lymphoid tissue. One of the marked peculiarities of the appendix is the large quantity of lymphoid tissue in its make up, which has earned for it the name of the abdominal tonsil or an extensive Peyer's patch. Its muscular coat is composed of longitudinal fibers and circular fibers.

The peritoneal coat surrounds the appendix entirely and meets at the attached border forming its mesentery or meso-appendix, which attaches to the cecum and the terminal portion of the mesentery. The meso-appendix is a triangular shaped affair, base, free border, other two sides, appendix and cecum. It contains the blood supply, lymphatics, nerves and fat, and presents marked variations in its width, thickness and extent of attachment to the appendix.

In old people, it is thick, fat, opaque; in children it is thin and transparent. It may be attached throughout the whole extent of the appendix, but is usually only attached about two-thirds of the way to the tip, and in some cases it is entirely absent.

In rare cases there has been found a congenital opening through the meso-appendix, through which a loop of intestine may become strangulated, and a case is reported where the appendix became strangulated through a hole in its own mesentery. The blood supply of the appendix is the appendicular artery which arises directly from the ileocolic or postileocecal artery. It passes along between the two peritoneal layers of the meso-appendix, fram base to tip, sending four or five branches directly to the appendix. Some times this artery only extends two-thirds of the way to the tip, leaving an extremely meager blood supply to the tip.

When the meso-appendix is entirely absent, the appendicular artery runs along the appendix beneath its peritoneal coat from base to tip. Some times the appendix has two arteries, one to the base and one farther up, in the meso-appendix, and this fact explains why the surgeon sometimes, after ligating the meso-appendix, gets a free hemorrhage at the base of the appendix. I once had such a case and believe that this must have been the cause of it.

In the female the meso-appendix is sometimes prolonged to the broad ligament, by a fold of peritoneum extending to the right ovary, known as Clado's ligament, containing the appendiculo-ovarian artery, which forms an anastomosis between the appendicular artery and the ovarian artery. This increased blood supply explains, no doubt, the greater immunity in the female against appendicitis. The lymphatics of both of these organs blend in this ligament which explains the reciprocal infection of either one from the other.

The lymphatics of the appendix and meso-appendix are highly developed, and play a most important role in the pathology of this region. This lymphatic system consists of minute capillaries which communicate freely through openings in the muscularis, form collecting trunks, pass

through the meso-appendix and accompany the artery. These lymphatics terminate in the ileocecal glandular group, which is continuous with the mesenteric glands, into the ceco-appendicular group, at the base of the appendix, which is continuous above and behind the cecum with the retro-colic ganglia.

Thus we have free communication through the lymphatic system, to the mesentery, the ileum, the cecum, and through Clado's ligament to the ovary, the ramifications of which are very extensive, especially to the mesentery and the ascending colon and may even extend to the pleura since the lymphaties of the peritoneum connect with those of the pleura through the diaphragm.

I once had a case, man aged 43 years, who had appendicitis, but who would not consent to operation. We were certain that a small quantity of pus was present, but the man improved, the pus was evidently absorbed, soreness decreased and he even got out of bed. He was then taken with violent pain in chest, developed pleural abscess and again refused operation; abscess ruptured into lung and he again improved, but in a few days he had thrombosis of right leg which involved entire leg, and he died. I simply cite this case to show the possibilities of this disease.

The nerve supply to the appendix is from the superior mesenteric plexus, which also supplies the small intestines, hence the pain which may be present in any portion of the abdomen, before finally settling down to the immediate region of the appendix.

The pericecal fossæ are three in number and sometimes are the cause of quite a little trouble and embarrassment to the surgeon.

They are pouches formed in the ileocecal region by certain folds of peritoneum. The appendix may be so concealed in any one of these fossæ that it may be thought to be absent, or it may constitute a retro-peritoneal hernia.

Whenever the appendix cannot be found you may suspect the pericecal fossæ, which are as follows:

1. The ileocolic fossa lies above the ileocolic junction, and is made by a fold of peritoneum passing across the ileocolic angle. It lies too far away to conceal the appendix except in a small percentage of cases.

2. The ileocecal fossa lies behind a fold of peritoneum at the angle of the junction of the ileum and the cecum. The mouth of it is usually large enough to admit two fingers. Its depth varies greatly and may extend up behind the ascending colon as far as the right kidney. This is the fossa which is most likely to contain the "lost" appendix.

3. The subcecal fossa is behind the cecum and colon and to demonstrate it, it is only necessary to raise the cecum. It is not the hiding place of the appendix as often as the ileocecal fossa.

Positions of the appendix. The appendix should lie normally in the right iliac fossa; however, it may be found any place in the abdominal cavity from the liver to the pelvis.

In 40 per cent. of the cases, the appendix will be given off by the cecum at a point corresponding to its inner and posterior wall and will lie hidden behind the ileocecal junction.

In 30 per cent. of the cases, the appendix will be found ascending vertically behind or lateral to the cecum and ascending colon and attached to the dorsal wall of the large bowel.

If in these cases the colon happens to be adherent, the appendix will occupy an extraperitoneal position. Frequent cases of appendicitis when the appendix is in this position is said to be due to the unusual amount of friction from the psoas muscle. In 20 per cent. of the cases the position of the appendix is pelvic, due to low position of the cecum and a long mesentery.

The position of the appendix may vary in its relation to the abdominal cavity on account of arrested development of the cecum in the fetus. The cecum while migrating from the left side of the abdominal cavity to the right, may be caught up under the liver behind the umbilicus or in front of the right kidney.

If the cecum is extremely mobile, it may occupy the pelvis. Naturally the appendix follows, therefore these facts are of real practical value in the symptomatology of appendicitis.

The variations of the appendix in its relation to the cecum depend upon the type of cecum and the length of the meso-appendix.

In addition to the above mentioned positions, if the mesentery is long, it will give the cecum a wide range of motion, and may account for the appendix being found in umbilical, femoral, or inguinal herniæ on either side.

The question naturally arises why is this appendix, which is of such relative insignificance as an abdominal organ, so important from a pathological stand point.

The answer can be found in citing the three main anatomical causes of appendicitis, which are defective drainage, defective structure and defective blood supply.

Defective drainage. The length of the appendix and its extremely small lumen, coupled with the fact that the distal end is blind, makes for very poor drainage, add to this the fact that the only open end is attached to the cecum, the very center of infection, also this open end is guarded by a valve which, when inflammation is present or the appendix attached at an acute angle, closes up and all drainage is eliminated, in short at the very time when drainage from it is most needed, drainage becomes an impossibility.

Again, the fact that a short meso-appendix, may cause the appendix to twist or curl up, makes for poorer drainage in many cases.

Defective structure. The appendix is composed largely of lymphoid tissue, which has a low vitality and resistance, and is therefore prone to bacterial invasion.

We have here a particularly susceptible tissue, contiguous to a particularly infectious center.

Again this lymphoid tissue is most developed in early adult life, when appendicitis is most common, and atrophied in old age, when appendicitis is least common. The lymphoid tissue is most developed at the distal end of the appendix; this, with the fact that the distal end has the poorest blood supply, explains why it is the seat of the maximum lesion in appendicitis.

Defective blood supply. The appendicular artery is a terminal artery. Twist up the meso-appendix and you have thrombosis of this vessel, which is not compensated by any anastomotic aid. Obstruction of this vessel means gangrene. The appendicular artery in most cases passes only two-thirds of the way to the tip, leaving it as before stated, with poor blood supply.

Appendicitis may cause intestinal obstruction by its tip adhering to some neighboring peritoneal surface, and forming a band under which a loop of gut may hernia.

I had a case coming in this class, which did not hernia but which was never the less interesting. A young Mexican, 21 years of age; several slight attacks abdominal soreness, accompanied by slight nausea. Pressure at McBurney's point caused pain in region of gall bladder. Pressure over gall bladder caused no pain at all.

I made diagnosis of appendicitis and advised operation. He communicated with his father in Mexico, who had him return home, and then took him to a surgeon in San Antonio, Texas, who operated upon him and wrote me saying that the tip of the appendix was firmly adhered to the border of the liver.

The causes of appendicitis are those given above, with the addition of an infection. Other causes, such as traumatism, sometimes act as an exciting factor.

Symptoms and Diagnosis. The symptoms of appendicitis are four in number: Pain, fever, nausea and rigidity of the right rectus muscle.

The diagnosis depends mainly upon the above four symptoms, although the history of former attacks and a knowledge of the possible wide range of positions which the appendix may occupy, often helps out.

Osler says that 19 out of 20 cases of pain in the belly is appendicitis.

Prognosis. No living man can give the prognosis of appendicitis, except to say that if operated upon the first day, they will practically all get well.

Treatment. The treatment of this disease is surgical. The best time to operate is the earliest time possible.

Binney says, you must operate in 48 hours, but it is better to operate in 36, and still better in 12.

Murphy says, you should always operate; that the patient is safer with the surgeon than with the disease.

In my own practice, I always operate immediately if I can gain the consent of the patient.

In the first day or two of the attack you have a sick appendix, and after that, you have a sick man, which makes some difference.

The only medical treatment in this trouble is not to give any, and especially do I desire to protest against the use of cathartics, which can do no good, and may do a great deal of harm. We can hardly call gastric lavage and the use of enemata, medical.

If for any reason the case cannot be operated upon, rest in bed, ice bag and starvation.

Operation. I still use the intramusculor incision for the reason that I got in the habit of using it, and have yet seen no good reason to give it up. I like the McBurney incision, or rather an exaggeration of the McBurney incision, that is cutting in a little farther to the right, because if you happen to have a very short cecum, not very mobile, in making this incision, you are nearer the plica cæcalis, which attaches the cecum to the abdominal wall laterally, and thus you are more sure to be able to draw the end of the cecum and the appendix out of your wound.

I have been embarrassed in cutting directly over McBurney's point by being unable to get the cecum out and having to extend my incision until I could, or having to use a dangerous amount of traction upon the bowel to get it out.

In regard to the treatment of the appendix, I prefer the following method:

Clamp the appendix with a Ferguson pile clamp and crush it. Tie with plain catgut after removing clamp, cut off appendix, apply carbolic acid, and alcohol, and then apply double purse string.*

However, many surgeons are using the simpler method of merely tying and cutting. I do not believe this method is as safe as the silk ligature tightly applied may cut through an inflamed appendiceal stump, or may cut it, if swelling takes place after operation.

The question arises, what do you do when you find pus? That depends upon the quantity, the amount of adhesions and the condition of the patient, and I will say in connection with this class of cases that while good sound judgment, carefully exercised, is valuable to a surgeon in all his work, it is no more valuable in any other class of cases than this.

If a small quantity of pus is present, it is well to wipe it out carefully with moist gauze, and remove the appendix as usual, but I believe

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*The object of tying with plain gut ligature before invaginating is to guard against a possible hemorrhage; the gut ligature remains in place long enough to make hemorrhage into the bowel impossible and then slips off into the gut. The object of the double purse-string is to guard well against tearing out on account of possible gaseous distention, and should be made with fine silk or linen celulose.

that when a large quantity of pus is present it is often the part of wisdom to drain carefully and not go farther.*

A great hard mass of adhesions is, to me, the worst trial of all. Breaking them up to find the appendix at the center of the mass, is sometimes a dangerous business.

If the patient has had several attacks, these adhesions may be found even in the early operation, but in first attacks, they are not present early.

If you are called in late, or for any reason cannot operate in the first forty-eight hours, then I believe it is wise to wait and watch, because it is at this time that your mass of adhesions have formed about your appendix, with a possible few drops of pus.

I believe it to be better judgment to wait in these cases, because, as I have stated, breaking up a mass of adhesions is sometimes very dangerous, and I would prefer to allow the inflammatory process to subside if possible, and operate in the interval, or would even prefer to allow a pus cavity to form, which would in all probability find its way to the abdominal wall, and be easily evacuated.

I forgot to remark, in passing on the intra-intestinal method of tying the appendix, that I have had no experience with it, and do not believe I want any. Some ingenious chap comes forth with a method and a special instrument to be used in punching a hole in the gut, turning the appendix wrong side out, tying it from inside the bowel and so forth. I have had no opportunity to post myself upon what others think of this method, but personally, I believe this party has allowed his desire to be an originator to out-strip his good sense.

*When you cut down upon a large abscess and deem it unwise to do anything more than drain, it is best to make a small incision and drain through it, and do no manipulating. When you find a small abscess and deem it safe to remove the appendix after wiping out, it is wise to close up the original incision and drain through a stab wound to save a possible hernia.

PRIMARY CHOLECYSTITIS FROM TYPHOID INFECTION.*

BY J. D. BRUMMALL, M. D., SALISBURY, MO.

It is not my intention to give you a picture of cholecystitis and I shall only mention the etiology and symptomatology in an incidental way. Instead of saying what I have to say about the subject and then giving you the history of a case, I shall give you the history of my case and then touch upon some points that may not be brought out in its recital.

I was called April 25, 1908, to see Mrs. D., age 32. Family history negative. Father is living at 84 years of age. Mother died at 36 years, in confinement. Five sisters living and well. Patient has been married since 1900. Has had one premature birth and has two living children; the youngest was born January 4, 1908. She has not been sick enough to call a physician since childhood, except a case of tonsillitis two years ago, and her confinements.

Some ten years ago and before her marriage, she was quite fleshy and took an obesity cure of her own selection (she does not remember the kind) which reduced her weight from 178 to 135 pounds, and caused her to look right badly, but she felt quite well. She soon regained her weight but does not appear nearly so fleshy. At times she has had a cramping of the stomach which yielded to household remedies. Since 1900 I have prescribed for her once or twice for lagrippe, and two years ago treated her for follicular tonsillitis. Otherwise have not seen her except in uncomplicated confinements.

I was called April 25, 1908, to see her. She complained of general aches but no headache at this or any other time. Pain in right side over liver and posteriorly; some tympany and pain on pressure over the appendix and region of the gall bladder. There was engorgement of lower lobes of both lungs, especially the left. Temperature 99½, pulse 120, very weak, and great prostration. These symptoms continued with increasing severity for four days, when tympany was quite uncomfortable. Pain over the appendix and gall bladder much increased, the lung condition amounting to almost a double pneumonia. Temperature ranging from 101 in the morning to 102 and 103 at night. Pulse 120 to 130 or more. There was complete anorexia, great prostration, chilly sensations but no rigors, perspiration very profuse, obstinate constipation, not much sick stomach but occasional vomiting and without regard to contents of the stomach or time of feeding, having more relation to the time of bowel movements or before them. This condition existed for about four days when we had a gradual improvement for four days, the temperature becoming normal, tympany disappearing, pain over the appendix subsiding, but a tender point over the gall bladder remained with some tumefaction, the rapid pulse, loss of appetite, sweating, and occasional vomiting continued. This improved condition

*Read before the North Missouri Medical Association.

with a normal temperature continued for four days, all of which time the pulse was not less than 120, when we had a complete reproduction of the preceding attack minus the lung symptoms. On May 25th we had a temperature 99 in the morning, 101 at night, pulse 120—never less. Tympany very slight, pain over appendix and gall bladder with tenderness on the right side posterior and back of the tumefaction which could be felt in front over the gall bladder and liver, for now it was hard to define the outlines of the tumefaction. Loss of appetite, free perspiration, and vomiting once in 24 to 48 hours.

On May 26th there was some tenderness over spleen. From this time until June 1st there was a gradual improvement in temperature and pulse. June 7th being the first day with an absolutely normal temperature and a pulse as low as 80. The other symptoms had gradually improved, the constipation and tympany had almost subsided, likewise the tenderness over spleen, appendix and right lumbar region. Tumefaction over gall bladder was subsiding yet it can be felt now (June 18th) and is still tender. Appetite is fair but she still vomits occasionally. Sweating has subsided and patient is up and gaining strength.

This case at first looked like lagrippe with liver, lung and intestinal complications; then the question arose about appendicitis, cholecystitis, and then of post appendicular abscess and typhoid fever.

There are not many cases of primary cholecystitis from typhoid infection reported in our literature, and as this case looked so much like one I thought I would report it.

The gall bladder may be infected from many sources and many different bacteria. If infected through the common duct, it is likely to occur when there is an acute disturbance of the digestion as at other times the secretion of the duodenum is of a sterile character. If through the portal vein the disturbance is likely to be in the lower part of the bowel, as from Eberth's or colon bacilli, or from the appendix, we may get the infection through the hepatic artery and hepatic duct, in other words from the blood, in which case it is caused from the influence of the toxins on the liver tissue causing them to decay and allow the bacteria to find a lodging, as the hepatic tissues resist the bacteria themselves.

There are two cases reported by Osler in 1898. Dr. O. Wilson in the *Journal American Medical Association,* May 16, 1908, calls attention to the rarity of these cases and also to a number of cases which had been reported. We all appreciate the fact that the Eberth bacillus may be in the bowel for some time in large numbers and yet the host never have typhoid fever. The most striking instance of this kind was reported at the late meeting of the American Medical Association at Chicago, wherein it had been traced to a nurse in New York who had infected 26 cases with typhoid fever. And she has been in the observation ward for the last sixteen months, during which time her dejecta has never been clear of the bacillus, and yet she has never shown any symptoms of the disease.

VAGINAL CÆSAREAN SECTION: WITH A REPORT OF SEVEN CASES.

BY JOHN G. SHELDON, M. D., KANSAS CITY, MO.

It may happen, in the obstetric practice of any physician, that, with a contracted cervix and absence of labor pains, a rapid emptying of the uterus is essential to preserve the life of the mother. I refer particularly to: 1, severe eclampsia without uterine contraction or cervical dilatation; and 2, placenta previa with profuse bleeding and a rigid contracted cervix. In such cases, gradual dilatation is too slow, and rapid forcible dilatation is likely to result in too much laceration of tissue; it can not always be accomplished satisfactorily and often the proper instruments are not at hand. Abdominal Cæsarean section meets the indications but in the class of cases under discussion, and with a normal pelvis, I believe that vaginal section should have the preference. In the matters of time, hemorrhage and safety, the abdominal operation has no advantages over the vaginal which is easier to accomplish and is associated with less shock.

I shall not describe the technique of vaginal Cæsarean section as recommended by Duhrssen, or discuss the modifications of Dederlein, Lundsenbein and others, but shall give my personal experiences in seven cases in which it was deemed advisable to resort to vaginal Cæsarean section or the vaginal hysterotomy of Lundsenbein.

About six years ago there occurred in my practice in Telluride, Colo., a case of central placenta previa with profuse spontaneous bleeding at the seventh month. There had been no uterine contractions and the cervix was rigid and not dilated. The patient was anaesthetized and the vagina surgically prepared. A volsellum forceps was attached to the anterior lip of the cervix and a transverse incision made in the anterior vaginal fornix between the bladder and the uterus. Then with a piece of gauze on the finger the bladder was separated from the uterus. I then clamped the anterior portion of the uterus with two large straight stomach forceps—placing one blade of the clamps in the cervical canal and the other between the uterus and bladder. The uterus was then cut between the clamps with scissors as high as the separation of the bladder. The clamps afforded a means of traction and at the same time prevented bleeding from the cut uterine surface. When the uterine incision seemed sufficiently large, the clamps were removed, the hand introduced into the uterus through the placenta rupturing the membranes and grasping the child by the feet. Version and delivery were easily and quickly accomplished. The placenta was then removed. The uterine incision was united by a single continuous layer of catgut sutures and the transverse vaginal incision closed. The woman recovered but the child was dead.

In July, 1904, Drs. A. Johnson and H. M. Collins, of Montrose, Colo., called me to see a case of eclampsia in a woman eight months pregnant. The convulsions were severe. They had been continuing for 24 hours. The cervix was firm and contracted. A procedure identical with that described in the foregoing was carried out. The child died in a few hours. The mother recovered; but on the second day blood and serum collected between the bladder and uterus. This was evacuated by removing some of the sutures closing the transverse vaginal incision.

The third case, which occurred in the practice of Dr. B. B. Slick, of Ridgway, Colo., was one of placenta previa with hemorrhage apparently at full term. Vaginal section was done, and both mother and child survived. In this case, I left both ends of the transverse vaginal incision open so as to provide against the accumulation of material between the bladder and uterus.

In August, 1907, while at Osage, Iowa, Dr. P. P. French, of Rudd, Iowa, called me to assist him in delivering a case of placenta previa at full term. The bleeding had been profuse, and the patient was in an extremely bad condition. The cervix was sufficiently dilated to admit one finger. No anesthetic was given. With a pair of scissors I cut the cervix and anterior wall of the uterus—disregarding the bladder according to the advice of Lundsenbein—delivered the child and removed the placenta. It was found that the bladder had been cut. The uterine incision was sutured, and the rent in the bladder closed. The mother and child recovered; but a small vesico-vaginal fistula remained. Dr. A. Aigloff, of Mason City, Iowa, successfully repaired this later. The procedure in this case seemed very "unsurgical," but I believe that it was demanded on account of the precarious condition of the patient. It, however, met the immediate indications. I have done the same thing once since and would not hesitate to repeat it if conditions demanded for a living patient with a wounded bladder is preferable to a death.

Cases V, VI and VII were cases of eclampsia occurring in Kansas City during July, 1908.

Drs. O. M. Longenecker and B. T. Sharp, of Rosedale, Kansas, called me to see a case of eclampsia occurring in a primapara 34 years old who was seven months pregnant. She had been treated for pre-eclamptic symptoms for two weeks, but on the afternoon I saw her she was almost blind and had had four convulsions following each other in rapid succession. The cervix was rigid and contracted. The operation was done as described in the earlier cases. The mother recovered but the child was dead.

Case VI occurred in the practice of Dr. B. T. Sharp, of Rosedale, Kan. The woman was a primapara 21 years old and had had 15 convulsions during six hours. There was no dilatation and the cervix and vagina were markedly edematous. On account of the bad condition of the patient, the uterus was divided without making the transverse

vaginal incision. The child lived 5 weeks and died from intestinal troubles. The mother had five convulsions following delivery. She developed infection in the incisions and ten days after delivery a vesico-vaginal fistula occurred. She recovered and we successfully repaired the fistula.

Case VII was that of a primapara 27 years old who without previous medical attention suddenly had a convulsion. She was nearly at full term. Treatment for 12 hours was of no avail, and at this time a second severe convulsion occurred. There had been no labor pains and the cervix was rigid and contracted. The operation was performed in the usual way. The mother recovered but the child died in a few hours.

Now I believe that in certain selected cases, vaginal Cesarean section is a very valuable procedure. It should only be done when immediate delivery is demanded and the cervix contracted. It can be performed, with comparative safety, by one who is not a surgeon. I believe that the general practitioner should make use of it without hesitation for it meets the indications and offers little risk excepting that of injuring the bladder—and a wounded bladder is a trivial consideration when a woman is rapidly bleeding to death, or quickly succumbing to the eclamptic state. No so-called specialist could justly criticize anyone for injuring a bladder in an attempt to save a case of placenta previa or severe eclampsia.

I offer some suggestions for those who do this operation for the first time: 1. In cases of eclampsia, after the child is delivered, remove the placenta at once unless hemorrhage is severe. Wait until the uterus begins to contract, say 10 or 20 minutes, then remove it and suture the incisions. Bleeding is apt to follow if the placenta is removed too soon.

2. Do not suture the entire transverse vaginal wound between the bladder and uterus because serum may accumulate between these organs. Suture the middle part of the incision and leave both ends open for drainage.

3. Do not hesitate to divide the uterus freely, even if the bladder is wounded, if conditions demand it. Save the bladder if this can be done quickly, but do not delay the operation in the serious cases. Lundsenbein (*Muenchener med. Wochen.*, June 9, 1908) recommends division of the uterus without preliminary separation of the bladder, stating that this viscus will in most instances retract spontaneously and escape being wounded. He calls this operation—without the preliminary transverse vaginal incision—anterior hysterotomy.

ACCIDENTAL VACCINATION OPHTHALMIA.

BY A. E. DERWENT, M. D., CLINTON, MO.

I think the following case worthy of report, for the reason that very little literature can be found on this subject.

The patient was a man 21 years of age, who lived in the country where a good many cows are kept. I am indebted to Dr. F. F. Netherton, of this city, for bringing this case to my attention, as an unusual case of eye trouble. About one week before seeing a doctor, patient noticed a severe smarting, burning sensation in left eye. This gradually grew worse, and the eye commenced to swell, both lids, quite rapidly. Two or three days after this he thought there was something in his eye.

Examination showed some muco-purulent secretion, and a feeling of a foreign body under upper and lower lids; the lids were difficult to separate and were immensely swollen; pupil contracted, cornea clear, iris red; on inner lower canthus, an ulcer, dirty looking with ragged edges, and filled with secretion, extended up to the limbus of eye, but did not infringe upon the cornea. On slightly raising the upper lid, I found the edge of a yellowish gray membrane; loosening the edge caused a very slight bleeding. Suspecting diphtheria, smears were made and careful microscopic examination. Examination also made of nose and throat with negative results. After finding no diphtheria baccilus, next day patient was advised to take an anesthetic for further examination; this he did and on raising the lid, my assistant retracting upper lid rather forcibly, a membrane was removed with a small probe and forceps, with very little bleeding.

The membrane measured 10 m.m. wide, 24 m.m. long, 2 m.m. in thickness, very tough and leathery. A one per cent. atropine solution was instilled into the eyes, two drops every six hours. Ulcer was cleansed with 2 per cent. sol. arg. nit. once daily; 20 per cent. argyrol was given patient to use every 6 hours, and boracic acid solution to bathe eyes. The ulceration improved rapidly, but the swelling did not disappear for four weeks.

On questioning the patient, he said he was holding a calf by the nose, and that there were crusts on its nose, some of which pulled off; he remembered rubbing his eye and of having a burning sensation following, which confirmed the diagnosis of cow-pox inoculation.

Cases similar are reported by Dr. Reimer Schmitz, and Drs. Weis and Aron, one or two cases with severe involvement of cornea, and one case of blindness.

The fact of this complication of the eye should not be overlooked by the general practitioner as the difficulty of diagnosis is not great.

ECHINACEA ANGUSTIFOLIA.*

BY J. W. CLARK, M. D., CARTERVILLE, MO.

Echinacea angustifolia, also known as black sampson and purple cone flower, and often vulgarly called negro-head, is a perennial herb of the order "compositæ" growing in the western portions of the United States and Canada, especially on the prairies and up-lands. The best quality of the herb is found in Nebraska. It is somewhat smaller than usual, the stout erect stem ordinarily growing to a height of 18 or 20 inches, leaves lanceolate to almost linear, disk at first convex becoming ovoid, and receptical conical. The root is the part used in medicine from which is obtained a fluid extract and specific tincture, the latter being prepared by the Eclectics who first introduced it to the profession. The credit for the discovery of its medical properties belongs to a Dr. Meyer, of Nebraska, who had used it as a remedy for sepsis, especially snakebite, since 1870. Its antidotal properties in snakebite had long been known to the Indians, however.

When a preparation of this remedy is tasted a somewhat pungent sensation is imparted which is soon followed by a tingling sensation similar to that produced by aconite, which persists for 20 or 30 minutes. It is non-toxic and non-irritant and either preparation may be used in doses ranging from five or ten minims to a dram. In the smaller doses it is one of our best alteratives as it not only arouses all glandular activity, but is directly antagonistic to all conditions of sepsis or toxemia. The former action is demonstrated by the fact that after its administration all secretions and excretions are increased and normal metabolism established, thereby preventing autointoxication in conditions predisposing to it, and speedily removing it when present, while the latter action is proven by the fact that the larger doses are directly antidotal to animal poisons such as snakebite, uremia or septic infection of any kind.

The specific tincture prepared by Lloyd Bros., of Cincinnati, and the normal tincture prepared by the Wm. S. Merrell Co., of the same city, are used in the same dosage as the fluid extract. Preparations of the "rudbeckia lanciniata," a somewhat similar herb growing in the eastern United States, should not be confused with echinacea which grows only in the west.

It is to be regretted that the discoverer of its virtues kept his discovery a secret for mercenary purposes, so it was not until 20 years later that the profession through the Eclectics, became apprised of its therapeutic properties. It is not only a glandular incitant and toxin eliminant, but is an antiseptic as well, as may be demonstrated by the fact that infected wounds or ulcers soon become sterile and heal under its topical application.

Chronic varicose ulcers although frequently intractable to the usual methods of treatment, are often promptly healed if echinacea be applied full strength, although it is better to administer it internally also in such cases for the purpose of removing any constitutional dyscrasia that may be present. For the latter purpose the smaller alterative doses are sufficient.

Bedsores, many forms of eruptions, particularly those of a toxic character or depending on some constitutional dyscrasia, or even gangrene, are especially amenable to echinacea when used internally and applied locally.

My first personal experience with it began in 1895. My first active use of it did not begin, however, until about 8 years ago when I employed it in a case of typhoid fever which I had abandoned all hope of saving. The case was that of a boy, aged 14, of a poor ignorant family that had postponed calling a doctor as long as possible. The toxins had already accumulated in his system until I had little hopes of cleaning it by the usual methods. Another week passed leaving the outlook still darker. Counsel was then called and echinacea suggested. Was very willing to try any suggestion offered although I really thought it foolish to expect any favorable results from it. The case continued to live almost in a comatose condition another week, with returning secretions, however, which caused me to wonder if he really did have a chance to recover. To my great surprise he did recover and from the experience I have had with echinacea since I am convinced it saved his life.

While I am well aware of the fact that in typhoid fever recovery sometimes occurs to the surprise of the most optimistic, yet in this and other profoundly toxic cases, apparently in a moribund condition, I have been so astonished at the results of its use that I have come to regard it as one among the twelve most valuable therapeutic agents within the reach of the physician as a life-saver.

Typhoid fever being prone to favor the accumulation of toxins during its protracted course, presents indications for its use to a typical degree.

If used prior to the systemic intoxication the latter, with its delirium and numerous other manifestations, is prevented, while if used after the onset of the toxemic state the latter will clear when no other remedy can clear it.

Only personal experience with its use under the latter condition can demonstrate to the skeptic the veracity of the latter assertion.

What I have said relative to its antitoxic properties in typhoid fever obtains also in meningitis, pneumonitis or any other acute infectious disease. In other words it is more nearly a general antitoxin than any other remedy.

Aside from having used it personally in typhoid fever I have during the past eight years employed it in the treatment of erysipelas, puer-

peral septicemia, meningitis, uremia, general septicemia, variola, scarlatina, rhus poisoning, varied toxic conditions with skin manifestations, and as an alterative in the dyscrasias.

In my experience with it I have been disappointed as little as in the use of any remedy I can think of. In syphilis, scrofula, cachexia and the various dyscrasias, if used in alterative doses it will rarely disappoint; in the acute infectious or exanthematous diseases or sub-acute toxic conditions, it will certainly please; while in the profound toxemias that threaten speedily to overwhelm the vitality, its use will surprise one who has not witnessed its action. In such cases it is a life-saver, without a substitute. Those who have never employed this remedy may think I am somewhat over-enthused on the subject but I have endeavored to stick tight to facts as I have found them in my experience with it. All I can ask of the skeptics is that they give it a fair and impartial trial.

During toxemic conditions, subacute in character, such as is so often seen in typhoid fever or other infectious fevers of a severe character, ten drops repeated every two hours is sufficient. As a glandular alterative and incitant and preventive of toxic conditions, in diseases predisposing to them, this dose need only be repeated three or four times a day. In profoundly toxic states, however, I would recommend half dram doses every two hours until the toxic condition is under control.

When we take into consideration the fact that death occurs in acute infectious fevers almost wholly because of the paralyzing influence of the accumulated toxins on the cardiac and other ganglia of the sympathetic system that control vital processes, it becomes quite apparent how exceedingly valuable is the remedy that harmlessly removes such accumulated toxins and effectually prevents any re-accumulation. In diphtheria we have a specific antitoxin. Echinacea may not be a direct or specific antitoxin in a strict sense to any special infection, but I am quite certain it is the best general antitoxin we have to-day. That it is also one of our best glandular alteratives I am equally sure.

Of the proprietary compounds of echinacea such as "ecthol," "echitone," "echifolta" and all others, I simply mention to condemn on general principles as I condemn all proprietary or patent preparations or nostrums.

Some of them may be good but it is certainly unscientific for the physician to prescribe them and reflects on his knowledge of materia medica and therapeutics.

Physicians in this enlightened country at this age should certainly be qualified to formulate their own compounds which should be better adapted to their cases than any ready-made product.

Knowing as I do from more than 8 years' use of echinacea that it does possess the valuable properties just described, I shall feel re-paid for my efforts if this induces a single physician to give it a fair and impartial trial.

Journal
Missouri State Medical Association.

The Official Organ of the State Association and Affiliated County Societies.
Published Monthly under the supervision of the Publishing Committee.

ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

Volume V. JANUARY, 1909. Number 7

E. J. GOODWIN, M. D., Editor.

PUBLICATION COMMITTEE:

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EDITORIAL

PROPOSED MEDICAL LEGISLATION.

The State of Missouri is unfortunately not among those states in which vital and mortuary statistics are being properly collected. The value of these statistics from the legal and commercial standpoints, is so great that their medical importance in regard to the existence and spread of contagious and infectious diseases appears only secondary.

The law which has been framed in order to secure uniformity in the various states has the endorsement of the American Medical Association, of the American Public Health Association and of the Bureau of Vital Statistics at Washington, and should be enacted. The objection which is often made that an additional expense will be saddled upon the State, will not hold in our State, if the proposed change in the State Board of Health law becomes effective, namely; to have the Secretary of the Board act as the statistician for Missouri. With an office at Jefferson City, where it properly belongs, the clerical work of collecting vital statistics and the routine work of the State Board of Health could be done without greater expense than is now incurred by the State Board of Health alone. It has long appeared to many as not in conformity with the importance of the great health department of the State that its office should be peripatetic.

Another direction in which the usefulness of the State Board of Health should be extended is in supervising the sanitary affairs of the various eleemosynary and penal institutions of the State. To do this additions will be necessary to the existing laws, and we are informed

that amendments have been drawn whereby the State Board of Health will be given general advisory supervision over the institutions of the State.

We wish also to call the attention of our members to the amendment suggested by the committee on legislation whereby the State Board of Health will be empowered to subpoena witnesses and to require the production of books and papers.

The definition as to what constitutes the practice of medicine and also statutory provisions for defining who shall be considered a licentiate, are matters which will be called to the attention of the legislature.

It is one of the gratifying results of the organization of the physicians of Missouri that the most perfect harmony exists between the legislative committee and the State Board of Health which jointly will, no doubt, accomplish much during the coming session of the General Assembly.

It is of great importance that those county medical societies which have not as yet appointed a member of the legislative committee, do so at once in order that he may be called upon when necessary to present these matters in person to the member of the legislature from his county.

THE STATE SANATORIUM FOR INCIPIENT TUBERCULOSIS.

It is unfortunate that the State revenue is so limited this year when the Sanatorium at Mount Vernon needs so much. At the last session the champions of the institution accepted the challenge of the legislators which demanded that a good showing be made on the small amount of money appropriated; and we feel safe in saying that notwithstanding the limitations, the Sanatorium has returned to the State not in promise only all that could be accomplished, but in actual benefit already given, many times the money expended. When it is remembered that the Sanatorium has been open less than eighteen months, its record should stand as a monument of the achievement which can be accomplished through liberal appropriations. Summarizing what has been done we can say that sixty patients have been discharged with the disease arrested (it is too soon to demonstrate cures), seventy are now under treatment—nearly all of them doing well,—and there have been but four deaths, two of these being patients admitted for humanity's sake when far beyond the incipient stage. Fifty-nine patients have gained over ten pounds, others more than this, and one has gained forty-five pounds. While gain in weight is not a criterion of actual arrest of the disease, it is always a suggestive and encouraging sign of improvement.

The last Assembly gave but ten thousand dollars for maintenance. This was all too small; for the proper care of these cases, if they are to be restored to health, is bound to be a seemingly expensive undertaking. At one time the Board felt impelled to advise that the institution be closed because of actual bankruptcy, but rigid economy and sacrifice on the part of the officers and attendants averted this disaster to the State.

At present there are 70 patients in the Sanatorium, although the accommodations contemplated were for the care of only 48. The appropriation for the domestic building was held up because the State' revenue was exhausted. The kitchen, dining-room, laundry and storeroom are all in one large shack, and this building is so inadequate for the uses to which it has been put that it has been on fire three times. Covered sewers extend only through a part of the grounds; there are no walks or finished roads; no well (the water for the whole plant is supplied through a two-inch pipe from the village).

The board of managers has asked for an appropriation to enable them to care for 200 patients. This means a large sum. It means four new pavillions and two infirmaries—each with a capacity for 25 patients or, including the two now furnished—room for 200; there must be that much room to enable the officers to do efficient work. It means also permanent buildings for the kitchen, the dining-room, the laundry, etc. It means more officers and more attendants; thus far Dr. Brown, with the able assistance of his wife and a few loyal helpers, has borne the whole burden.

It has been intimated that the estimated cost for the daily living of each patient is too high; experience and comparison with other similar institutions justifies the result. It costs $11 per week for each patient. This is about the most conservative estimate of any successful institution for this class of patients; and it has been demonstrated that any marked reduction in the expense of maintenance caused a corresponding loss in beneficial results. Incipient cases of tuberculosis cannot be cared for as cheaply as can almost any other class of cases, for in this instance it means restoration and cure at the expense of great care—the best food, and physical and mental rest. Eggs and milk are expensive items but absolutely necessary in the care of these patients.

The economic consideration of this subject at once prompts the question: What is the return to the State? Although even a superficial study of the results should carry the conviction that this institution ought to receive a liberal appropriation in order that the work in Missouri may continue to be commensurate with its importance to the citizens of the commonwealth, the following reasons will emphasize the necessity of appropriating adequate funds for the maintenance of the Sanatorium for the next two years:

1st. When 200 patients can be received and each kept for an average of six months, it means 800 for the two years of the appropriation. At least 600 of these can be returned to their homes as arrested or cured cases,—a moderate estimate that is in keeping with the experience elsewhere and not as high as the short history of the work at the Mount Vernon institution warrants. Multiply 600 by $5,000—the legal value of a life—and we have many times the cost of the whole plant returned to the State in two years.

2nd. This institution is demonstrating that a change in the manner of living and not change of climate, is necessary for the cure of tuberculosis. It is preaching the glad tidings that consumption is curable,—and curable at home. Estimate, if you can, the amount of money which is now being carried into other states and territories no better equipped than our own for the care of the consumptive, to say nothing of the hardships, the homesickness and the disappointment so often the sequence of the now antiquated idea of "a change of climate," and you have a reason cogent in all its bearings to give liberal support to this institution.

3rd. The annual debt paid by Missouri on account of tuberculosis, as estimated by comparison of population with those states whose laws place them in "the registration area," is not less than $22,000,000 and 6,000 lives at the average age of 35 years. In New York, Pennsylvania, England and Germany the burden has already been reduced one-half. The New York City Board of Health estimates that in the Borough of the Bronx the reduction of deaths since the crusade began was 70 per cent. Our State Sanatorium, by its force as an educator, is a powerful agent in this great work,—the most powerful of all agents.

Add these three items and then if it looks like a paying investment for Missouri, aid it by a personal letter or interview with your representatives. The work will be carried on but it is for the physician to see to what extent it shall be made a success.

THE MEDICAL INSPECTION OF SCHOOLS.

Every reform movement, to be a permanent up-lift, must strike deep into the roots of ignorance and wrong. What has been done cannot be undone. The man of to-day still suffers a hindrance to his progress because of the application of wrong methods in his development. It is the duty of the parent, the State and the nation, to search out and correct defects in the child, to the end that he may become as near perfect as human wisdom can make him.

As tending toward the consummation of this much to be desired object the medical inspection of schools exerts a greater influence than any other method that can be devised, and the commanding importance of this subject has of late years aroused educators, physicians and the public press to a realization of the rights of the child in the school-room. No longer do we see children driven to school like sheep to slaughter, to be birched by a domineering school-master or a neurotic schoolma'am for so-called indolence and laziness, and subsequently punished for the same weighty reason by ignorant parents. Backwardness and laziness, indifference and truancy, are too often the concomitants of physical and mental defects and perversions which can be, almost always, easily remedied by simple measures well known to medical science; and, be it said to the credit of the medical profession, to-day the value of this subject is receiving its proper recognition. Some seventeen years have passed since its importance was first asserted by a physician, Dr. Samuel H. Durgin, of Boston, and fifteen years since its adoption in that city,—the first city to inaugurate the system in this country; and though this might seem to argue against the progressiveness of the medical profession, let it be understood at once that it was the apathy of the public concerning the recommendations of the medical profession which delayed the general adoption of the system for so many years.

So apparent is the importance of this step not only as making for the better development of the faculties of the child,—a result that alone would repay all expenditure of time and money in its application—but also as an economic measure, that no dissenting voice has been raised to give pause to the movement, hence the argument of a protagonist is somewhat superfluous. Nevertheless, we cite two facts which speak loud for the adoption of the system,—to-wit, eighty per cent. of the school children in New York City were found defective; and Boston has not closed a single school on account of an epidemic of children's diseases since the beginning of medical inspection.

Following Boston's example New York City began the medical inspection of schools, and to-day the system is in vogue in 70 cities, outside of Massachusetts; in this State medical inspection is obligatory under the law and practically all cities have a system. Missouri's progress along this line, as in many other directions in which the medical profession should be among the leaders, has been very slow. Recently, however, Kansas City, with characteristic energy and directness of purpose in all questions pertaining to civic improvement, adopted a new charter which gives the health department wide latitude in controlling the health conditions of the city. Acting upon this authority the health commissioner has inaugurated a system of medical inspection of schools which,

though limited in its application by the lack of funds, promises to be an auspicious beginning in this cause in Missouri.

In striking contrast to the spirit of progress manifested by Kansas City, is the supine attitude of the citizens of St. Louis, where 150,000 school children are daily menaced by an outbreak of contagious diseases through lack of medical inspection; though the board of education, doubtless roused from its lethargy by the spirit of the times, has furnished emergency kits for the use of teachers in binding up cut fingers, skinned shins and bloody noses. The health commissioner has offered a number of ordinances for adoption by the municipal assembly providing for competent medical inspection of schools in St. Louis, but none has been accepted. Recently a new ordinance was introduced by the health commissioner which has the unanimous support of the daily press but, so far as we are aware, the medical profession as an organized body has not lent the weight of its approval. Such indifference is out of tune with the humanitarian spirit of the medical profession and ill becomes the scientific tendency of modern medicine as mirrored in the undeniable results achieved by a united profession.

THE PLAN FOR THE MEDICAL DEFENSE OF MEMBERS.

The plan of the State Association for defending its members in suits for malpractice seems to be not fully understood by all the members. For the guidance of those who desire to have the coöperation of the defense committee when sued or threatened with suit for malpractice, we publish full information concerning the steps necessary to be taken in order to obtain the assistance of the defense committee.

At the meeting in Springfield last May, a resolution was adopted setting aside $500 from the general fund to be used in defending members against suits for malpractice, and a committee was appointed, called the "Defense Committee," consisting of three members, whose duty it should be to prepare the defense of all members making application for its aid. In performing the duties assigned to it by this resolution, the defense committee has been guided by the propsed amendments to the by-laws, introduced by Dr. C. E. Fulton, though not formally adopted by the Association owing to the tentative nature of the defense feature. This amendment, which we print below, is comprehensive in its provisions and provides adequate defense, free of all cost to the members, to the conclusion of the trial. The amendment reads:

> The Defense Committee shall consist of three members, who shall, upon request and in compliance with the conditions hereinafter named, aid in the defense of suits for alleged malpractice instituted or threatened against any member of the Association. Conditions:

(a) Any member desiring to avail himself of the provisions of this section shall, so soon as possible, after any demand has been made upon him, present to the committee his request for aid in the defense together with a full and complete history of the case and the services therein rendered. The committee shall then, with the aid of its counsel, advise said member up to the time of the institution of suit without any expense to the member so charged. Should the member desire the committee's services subsequent to the institution of suit, he shall authorize the committee to further aid in the defense of said suit. The committee shall thereupon without expense to the member provide for all medical expert services necessary for the trial and the necessary legal services of its counsel; Provided, that the committee shall not obligate itself or the Association for the payment of any damages awarded in the trial or upon compromise.

(b) Such medico-legal aid or defense as is herein specified refers only to civil malpractice and is not to be construed to apply to criminal prosecutions.

(c) The committee with the approval of the House of Delegates shall have authority to employ counsel for the term of one year to advise as aforesaid and to represent any member of the Association in suits for alleged malpractice upon the terms hereinabove provided. The compensation of the attorney shall be determined by the committee with the approval of the House of Delegates.

Medical defense from malpractice suits is a membership feature of ten state associations and three county societies, and nine state associations have the plan under consideration. There can be no doubt of the value of this feature of membership in the state association and the experience of other state associations has abundantly proven its applicability. In New York the number of suits instituted decreased 25 per cent. after adoption of the plan and in no case was a verdict rendered against a member; in a relative measure, this is true also of all the other states that provide medical defense for their members.

If country members have solaced themselves with the thought that the city doctor is the shining mark against whom malpractice suits are most often directed and that the country doctor is rarely made a defendant, the experience of the Illinois association will shock his complacency. In that state the records show that the country practitioner is sued far more often than the city doctor and that the general practitioner in the country districts is the usual sufferer. We commend this thought to the secretaries of county societies for use in their arguments to induce new members to join the society,—for there are still some good men who need to be "shown." This ought to "sight" them.

EDITORIAL NOTES

At the Annual meeting of the Grand River Medical Society, held at Chillicothe, on December 9th, the Society was merged into and is to be known as the Grand River Medical Society of the Eleventh Judicial District. All the members in good standing of the Societies of Linn, Livingston, Carroll, and Chariton counties, numbering 105, were enrolled as members without payment of dues for this year.

The following officers were elected for the ensuing year: Dr. H. M. Grace, Chillicothe, president; Dr. J. W. Lane, Linneus, first vice-president; Dr. H. W. Tull, Carrollton, second vice-president; Dr. G. W. Hawkins, Triplett, third vice-president; Dr. R. Barney, Chillicothe, secretary; Dr. J. L. Burke, Laclede, treasurer; Dr. B. N. Stevens, Chillicothe, curator. The censors are, the secretaries of the four county societies comprising the Eleventh Judicial District.

The president and secretary were selected as a committee on constitution and by-laws, and are to report at the next annual meeting. The committee on program consists of the secretary and censors. The committee on arrangements is to be appointed by the president. The next annual meeting is to be held at Carrollton, in December, 1909.

Those present were very anxious and enthusiastic to get in line and coöperate with the State Association in any way for the betterment of the profession. It was a most harmonious and inspiring meeting.

The United States Civil Service Commission announces an examination on January 13, 1909, at the following named places, to secure eligibles from which to make certification to fill a vacancy in the position of medical interne (female), Government Hospital for the Insane, Washington, D. C., at $600 per annum with maintenance, and vacancies requiring similar qualifications as they may occur in that hospital: Columbia, Jefferson City, Kansas City, Kirksville, Springfield, St. Joseph, St. Louis, old custom house.

The Department states that it reserves the right to terminate the appointment at the expiration of one year of service if it is deemed advisable to do so.

Applicants should at once apply to the United States Civil Service Commission, Washington, D. C., or to the secretary of the board of examiners at any place mentioned in the list for application Form 1312. No application will be accepted unless properly executed and filed with

the Commission at Washington. In applying for this examination the exact title as given in this announcement should be used in the application.

The following articles have been approved by the Council on Pharmacy and Chemistry:

Soloid Mercuric Potass. Iodide (Burroughs Wellcome & Co.).
Soloid Nizin (Burroughs Wellcome & Co.).
Tabloid Coffee Mint (Burroughs Wellcome & Co.).
Bismuth and Iron Citrate (Burroughs Wellcome & Co.).
Bismuthal (National Pharmacy Co.).

PERSONAL AND NEWS NOTES

Dr. F. A. Babler, of St. Louis, spent several weeks visiting in the clinics and hospitals in the East.

Personal.—Dr. R. L. Gleason has resigned from the staff of the City Hospital, St. Louis, to accept a government appointment in the Indian Service in Oklahoma.

Applicants Examined for License to Practice.—The State Board of Health examined 46 applicants for licenses to practice medicine in Missouri, on December 17th.

Missouri Valley Medical Society.—The next meeting will be held in St. Joseph, March 18 and 19. A committee from St. Joseph-Buchanan County Medical Society was appointed to arrange for entertaining the members.

The Visiting Staff of the General Hospital in Kansas City recently elected the following officers to direct the work of the staff: President, Dr. Jabez N. Jackson; vice-presidents, Drs. J. D. Griffith and C. Lester Hall; secretary, Dr. J. Park Neal.

Dr. Frederic Brush, of Boston, has been appointed Superintendent of the New York Post-Graduate Medical School and Hospital. Before assuming the position he will devote some time to a study of post-graduate instruction and hospital administration in the various American medical centers.

Eye, Ear, Nose and Throat Section.—Jackson County Medical Society has authorized the formation of a section on diseases of the eye, ear, nose and throat. Dr. D. L. Shumate was elected chairman pro tem. and Dr. J. S. Wever, secretary pro tem. Meetings will be held monthly.

In Practice for Fifty Years.—Dr. E. C. Davis, of Hunnewell, and Dr. A. G. Wood, of Lentner (Shelby County), were the guests of honor at a banquet following a meeting of Shelby County Medical Society, December 19th, in celebration of their having passed the half century mark in continuous practice.

Ten Thousand Dollars will be given to Mercy Hospital in Kansas City at an early date. Mr. J. W. Semple, of Cripple Creek, Colo., promised $1,000 if the hospital would raise $9,000. The condition has been fulfilled through the generosity of Mr. J. L. Loose, president of the Boston Cracker Company, but a resident of Kansas City, who recently sent a check to the hospital for $1,000.

The Southern Surgical and Gynecological Association closed a highly interesting meeting in St. Louis on December 17th after having been in session for three days. About 200 members attended the meeting and some 40 papers were read and discussed. The next meeting will be held at Hot Springs, Va. Dr. Stuart McGuire, of Richmond, Va., was elected president and Dr. John Young Brown, of St. Louis, was elected one of the vice-presidents. Dr. W. D. Haggard, of Nashville, Tenn., was re-elected secretary.

An Effort is Being Made in St. Joseph to restrict the sale of pure carbolic acid by druggists. At the request of the Retail Druggists' Association of St. Joseph, the local board of health will petition the council to pass an ordinance requiring that all carbolic acid sold without a physician's prescription be diluted 50 per cent., and that pure carbolic acid be sold only on the written prescription of a physician. The druggists feel that such an ordinance will have a tendency to prevent many suicides and would relieve them of responsibility when making sales of poisons.

A. P. Miller, of Kansas City, was indicted by the federal grand jury for using the mails to advertise improper medical remedies. Miller has been arrested four times in the past three years for similar offenses. His first offense occurred in Chicago, for which he was arrested, but no sentence was passed upon him. Some months later he was arrested

in Kansas City and served a jail sentence of six months; again, early in this year, he was indicted and this charge was pending against him when the last indictment, issued November 7th, was found.

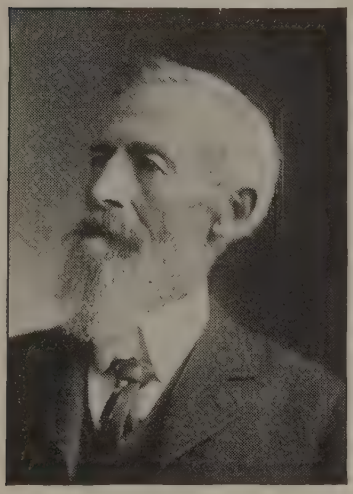
Arrested for Practicing Without a License.—Philip Kane, of St. Louis, was arrested on the charge of holding himself out as a physician without license to practice medicine. Kane advertised himself as an oculist. A special officer from the Health Department consulted the so-called oculist and was told to deposit $1,000 in the bank and sign a contract agreeing to turn over this money to Kane when cured. The officer's eyes were perfectly normal. Kane is 59 years old and married.

Montgomery County Medical Society was reorganized on December 17th with the following officers elected for 1909: President, Dr. S. S. Cox, Wellsville; secretary, Dr. W. M. Wheeler, High Hill; treasurer, Dr. G. E. Muns, Montgomery; delegate, Dr. S. S. Nowlin, Montgomery.

Dr. A. R. McComas, Councilor for the 9th District, and Dr. A. R. Kieffer, President of the State Association, were present at the meeting and addressed the members. With the affiliation of Montgomery County Medical Society the 9th District is now solidly organized and all the counties affiliated with the State Association. There remain only nine counties in the State that have not been organized and most of these are in sparsely settled districts.

Dr. Christian B. Stemen, of Kansas City, Kans., celebrated the golden anniversary of his wedding on November 7th. Dr. Stemen is 73 and his wife is 65. They have resided in Kansas City during the past three years. For thirty years Dr. Stemen was chief surgeon of the Pennsylvania Railway and at different times filled the chair of professor of surgery in the Fort Wayne Medical and Surgical College and in the Ohio Medical College at Cincinnati. Following the death of the late Benjamin Harrison, Dr. Stemen was appointed regent to Purdue University at Lafayette, Ind. Of the seven children born to Dr. and Mrs. Stemen, five are physicians. There are: Dr. George Stemen of Denver, secretary of the Colorado state board of health; Dr. Charles M. Stemen of Kansas City, Kas.; Dr. Katherine Stemen Hughes, wife of Dr. P. D. Hughes of Kansas City, Kas.; Dr. Will E. Stemen of Denver; Dr. Harriett Stemen-Macbeth of Fort Wayne.

OBITUARY



JAMES TATE ALLEN, M. D.

Dr. James Tate Allen, one of the earliest settlers of Daviess County, and one of the oldest practitioners of medicine in the State, died at his home in Gallatin on November 13th, 1908. Dr. Allen was born in Batetourt County, Virginia, July 16th, 1833. He received his early education in the schools of his native town and later studied at Princeton. At the age of 18 he began the study of medicine and attended several courses of lectures in Richmond, Virginia. In 1855 he came to Missouri and graduated from the McDowell Medical College in St. Louis. He first began to practice his profession at Auberry Grove. In 1857 he laid out the town of Jamesport, Daviess County, with the assistance of Mr. James Gillilan. At the commencement of the Civil War, he enlisted in the Confederate Army and served four years as surgeon. At the end of this time he returned home and took up the practice of his profession, continuing in his labors until the time of his death. In 1871 he opened the first drug store in Jamesport, but three years later disposed of all his interests in that city and moved to Gallatin. During the latter years of his life he gradually permitted himself to indulge in the rest from active labors which his previous years of service entitled him to enjoy, and while he did not discontinue his labors entirely, he confined his work mostly to consultations and office practice.

Dr. Allen was a cultured gentleman of the old school, whose life will always be regarded by those who knew him as an example worthy of emulation. He was, as a true physician must always be, unselfish in his efforts to relieve sickness and suffering, and gave freely of his time and substance toward the alleviation of the ills of frail humanity. In his death the community has suffered the loss of a patriotic citizen and the medical profession one of its honored and devoted followers.

COUNTY SOCIETY NOTES

BENTON COUNTY MEDICAL SOCIETY.

The Benton County Medical Society met at Warsaw, December 2nd. Election of officers for the ensuing year resulted in the following: President, H. G. Savage, Warsaw; secretary-treasurer, Marion Dillon, Fairfield; delegate to the Missouri State Association, Dr. A. C. Curl, Crosstimbers; censors, Dr. W. G. Jones, Lincoln; Dr. E. E. Rhodes, Lincoln; Dr. R. L. Pomroy, Warsaw.

The Society resolved to do what it could toward the advancement of the work of the State Sanatorium for Tuberculosis, at Mount Vernon, and to urge our representative and senator to vote for any bill having for its aim the advancement of medical education, that might come up during the meeting of the next general assembly.

A great deal of unfinised business from our last meeting was attended to, after which we adjourned to meet in Warsaw during the month of April. It was decided to hold a banquet at our next meeting.—MARION DILLON, M. D., Secretary.

BOONE COUNTY MEDICAL SOCIETY.

The regular meeting of the Boone County Medical Society was held in Columbia, December 7th. The attendance was unusually good. There were present twelve members and three visitors.

Dr. O. W. H. Mitchell read a paper on "Early Involvement of Cervical Lymph Glands in Carcinoma of the Oesophagus," with a report of cases.

Dr. B. R. Gibson gave a review of his work on the concentration of diphtheria antitoxin, while he was connected with the board of health of New York City in 1904 and 1905. Both papers were freely discussed.

The following officers were elected for 1909: President, C. W. Austin; vice-president, R. R. Robinson; secretary and treasurer, A. W. Kampschmidt; delegate, J. E. Thornton.

CAPE GIRARDEAU COUNTY MEDICAL SOCIETY.

The Cape Girardeau County Medical Society held its regular monthly meeting at Cape Girardeau, December 4th, with the following members present: Drs. Dalton, Hays, Henderson, Hope, Howard, Porterfield, Jr., Schulz, Walker, Wichterich, Wilson and Yount; visitor: Dr. Ed. Moore.

The secretary made his annual report as to the work done during the year which was received. The treasurer made a report of the financial condition of the Society.

Dr. Elwood Moore, formerly of Stoddard County, was elected a member of the Society.

Election of officers for the year resulted as follows: President, Dr. R. T. Henderson, of Jackson; vice-president, Dr. J. D. Porterfield, Jr., of Cape Girardeau; secretary, Dr. E. H. G. Wilson, of Cape Girardeau; treasurer, Dr. B. W. Hays, of Jackson; censor, Dr. G. W. Vinyard, of Jackson; delegate to State Association, Dr. W. K. Statler, Oak Ridge.

The Society meets the second Monday in the month. Next place of meeting will be Jackson.—E. H. G. Wilson, M. D., Secretary.

CARROLL COUNTY MEDICAL SOCIETY.

The Carroll County Medical Society met in regular session at Carrollton, Wednesday, December 9th, 1908.

Members present, Drs. Baird, Cooper, Mussen, McGinnis, Samuels, Boggs and Miller.

Dr. B. J. Lee, who was appointed to prepare a paper on pneumonia, being absent, Dr. Mussen lead a very interesting discussion of the subject, directing his remarks chiefly to the pneumonia of children. His discussion brought out many points of interest. Drs. Samuels, McGinnis and Boggs discussed the different phases of the disease, and reported several cases, which were beneficial and interesting to the Society.

Election of officers resulted as follows: President, Dr. W. C. Baird; vice-president, Dr. Cooper; secretary-treasurer, Dr. R. F. Cook; reporter, R. M. Miller.

A few brief remarks were made by the president, urging members to attend more regularly and to endeavor to make this the best county society.

Meeting adjourned until the second Wednesday in January, 1909.—R. M. Miller, M. D., Reporter.

CHARITON COUNTY MEDICAL SOCIETY.

The Chariton County Medical Society convened in regular session at Brunswick, on December 10th. Nine members were present. Dr. J. S. Wallace, second vice-president, presided as chairman.

The following officers were elected for the year 1909: President, G. W. Hawkins, Triplett; first vice-president, G. W. Edwards, Brunswick; second vice-president, B. Hughes, Keytesville; secretary, C. A. Jennings, Salisbury; reporter, C. A. Jennings; delegate to State Association, G. W. Hawkins; alternate, A. W. Zilman; representative to Surgical Section, J. S. Wallace; representative to Medical Section, J. H. P. Baker.

Dr. J. D. Brummall, Councilor for the 11th district, reported that the Grand River Medical Society, on December 9th, 1908, was merged into the Grand River Medical Society of the Eleventh District, and that all members in good standing in the county societies of the 11th district were enrolled as members, without the payment of dues for one year.

Dr. Kirkpatrick, of Dalton, read an excellent paper, entitled, "On the Credulity of the Lay Mind as an Asset for Quackery." This paper was generally endorsed by the members, with a request that it be submitted for publication in the Journal.

Dr. Wallace read a paper on "Otitis Media Purulenta," which was instructive and well received, but owing to the lateness of the hour the discussion was postponed until our next meeting.

Our Society is in a flourishing condition; our roster for 1908 showed 29 members. Every eligible physician in the county, with two or three exceptions, is enrolled.—C. A. JENNINGS, M. D., Reporter.

CLAY COUNTY MEDICAL SOCIETY.

The Clay County Medical Society met in regular monthly session at the office of the secretary in Liberty, on Monday, December 28th.

Following an interesting program, the following officers were elected for the year 1909: Dr. J. T. Rice, Excelsior Springs, president; Dr. W. W. Goodson, Liberty, vice-president; Dr. T. H. Matthews, Liberty, secretary-treasurer; Dr. C. H. Suddarth, Smithville, delegate; Dr. F. H. Matthews, alternate to State Association meeting.—F. H. MATTHEWS, M. D., Secretary.

COOPER COUNTY MEDICAL SOCIETY.

The Cooper County Medical Society met in Boonville on Tuesday, December 1st, 1908. Members present: Drs. A. E. Monroe, H. V. Cordry, R. L. Evans, A. L. Meredith and J. R. Lionberger.

After presentation and discussion of clinical cases the Society proceeded to the election of officers for the ensuing year, with the following result: President, J. S. Parrish, Pleasant Green; vice-president, A. E. Monroe, Otterville; secretary-treasurer, John R. Lionberger, Boonville; delegate to State Association, H. V. Cordy, Boonville; censor for three years, H. V. Cordry, Boonville. The Society then adjourned to meet Tuesday, January 4th, 1909, and continue the discussion of disease of the respiratory tract.—JNO. R. LIONBERGER, M. D., Secretary.

GREENE COUNTY MEDICAL SOCIETY.

MEETING OF OCTOBER 23RD.

Dr. J. R. Boyd presented a paper on "Diagnosis and Treatment of Gastric Ulcers."

MEETING OF NOVEMBER 13TH.

Dr. J. E. Tefft presented a paper on "Diagnosis of Abdominal Tumors." Dr. C. C. Hankins, of Springfield, was elected to membership in the Society.

MEETING OF NOVEMBER 20TH.

Dr. J. R. Boyd presented a paper on "Physical Diagnosis of Diseases of the Lungs and Pleura."

MEETING OF NOVEMBER 27TH.

The Society changed its annual meeting and election of officers to the first regular meeting in December of each year.

Dr. C. A. Moore read a very interesting paper on "Hypertrophy of Tonsils and Adenoids." He said in part: "This subject has but recently been given the attention that it deserves. The lymphoid ring that surrounds the oro-pharyngeal orifice contains four tonsils which should be studied as a whole; an enlarged pharyngeal tonsil may obstruct the passage of air to the lungs thereby interfering with proper nutrition and the hypertrophy may extend through the Eustachian tube into the

ear thus causing more trouble; the conditions produced by hypertrophied faucial tonsils are of the most importance; cold used to be thought the exciting cause, the belief that the tonsils act more as a means of introducing infection into the system, than as a means of destroying germs by the action of the leucocytes, as was taught in our physiology, seems much more reasonable than the old theory; in his practice he had never seen a case of follicular pharyngitis that did not also present a tonsil more or less enlarged. In the treatment, syr. ferri iodide can be used with good results; thoroughness is of much importance and a gargle or swab will not clean out the crypts; phenol and glycerine may be used as a local application though the actual cautery applied well down to the bottom of the crypts may possibly be the best local application; as to the operations the method that proves the most satisfactory to the operator is the proper one to do."

The paper was discussed by Drs. Farnsworth, Dewey, Woody and Coffelt.

MEETING OF DECEMBER 4TH.

Dr. N. F. Terry presented a paper on "Appendicitis, Medical and Surgical."

ANNUAL MEETING OF DECEMBER 11TH.

All committees reported progress in their work during the year 1908. The secretary reports 60 members in good standing, 29 meetings and 150 contributions to the program. The treasurer reported all bills paid and some cash on hand.

Resolutions were passed urging the establishing of a National National Bureau of Health.

Election of officers for 1909: Dr. F. B. Fuson, president; Dr. C. E. Woody, vice-president; Dr. D. B. Farnsworth, treasurer; Dr. J. E. Dewey, secretary; Dr. N. F. Terry, censor; Dr. W. M. Smith, delegate; Dr. J. R. Boyd, alternate delegate. Next meeting and banquet January 8th, 1909.—J. L. ORMSBEE, M. D., Secretary, 1908.

HENRY COUNTY MEDICAL SOCIETY.

The Henry County Medical Society met in the court house at Clinton on Wednesday, December 9th. Fourteen members were present.

Dr. R. D. Haire read a paper on "Tuberculosis," that showed care, thought and research in its make-up and was well received. It was discussed by Drs. Beaty, Gibbins, Poaque, McNeis, Derwent and Peelor, and Dr. Haire in closing.

Dr. Derwent read a good paper on "Diseases of the Middle Ear," giving causes and treatment. Discussed by Drs. Gibbins, Gray and Shankland.

The secretary read communications from the secretaries of the State Society and board of health, which caused a discussion by Drs. Britts, Barr and Grady, and upon motion the suggestion that the Society add influence to the movement was carried unanimously.

The election of officers resulted in the selection of W. H. Gibbins, president; E. C. Peelor, vice-president; F. M. Douglass, secretary-treasurer; L. C. Grady, delegate to the State Association; J. R. Hampton, alternate; Wm. M. Shankland, censor for three years.—F. M. DOUGLASS, M. D., Reporter.

HOWARD COUNTY MEDICAL SOCIETY.

The Howard County Medical Society met at Fayette, December 4th. Present: Drs. Lewis, Wright, Bonham, Fleet and Watts.

The Society requested the secretary to return our thanks to Gov. Folk for his recent act of justice in pardoning Dr. J. D. Todd, and to request him, in justice to Dr. Todd, to restore him to full citizenship.

The program committee appointed Drs. J. B. Fleet and Bonham to prepare papers for the January meeting, on subjects of their own selection.

A letter from the state secretary was read and our Councilor was requested to visit us early in 1909.—C. W. Watts, M. D., Reporter.

HOWELL COUNTY MEDICAL SOCIETY.

The Howell County Medical Society met at West Plains, Thursday, December 3rd.

Dr. H. J. Rowe, of Willow Springs, read a very interesting paper, "The Regular Profession and the Isms," which dealt with the fads and fancies of folks which the regular physician must meet and deal with, and gave some good suggestions as to the best way to meet them. The paper was discussed at length and by a vote of the Society, the doctor was requested to give the paper to the secretary to transmit to the Journal with the request that it be published.

Dr. R. S. Spears read a paper, "Typhoid Fever and Its Sequellæ," which dealt with the subject in a thorough and scientific manner, and was generally discussed.

After the scientific program was disposed of, the following officers were elected for 1909: President, D. J. Nichols; vice-president, James Black; secretary, A. H. Thornburgh; treasurer, E. E. Evans.

The physicians of the city entertained the visiting members at a noon-day banquet which was greatly enjoyed by all present.

The Society holds its next meeting, Thursday, February 4th, at West Plains.—A. H. Thornburgh, M. D., Secretary.

LAWRENCE-STONE COUNTY MEDICAL SOCIETY.

The Lawrence-Stone County Medical Society was called to order by the president at Aurora, December 1st. The attendance was small but there was no lack of interest. There has rarely been a meeting of the Society since its organization three years ago, when, regardless of the number in attendance, there were not timely papers read and the liveliest sort of discussions had.

After some routine work, the scientific program was opened by the reading of a paper on Medical Economics entitled "The State's Duty to the Physician," by Dr. Madry. The paper shows the practice of inequalities by the State which prevents the rise of the profession to its right economic balance; shows that the State in levying restrictions and making exactions of her physicians is ignoring the natural law of compensation and that both State and profession are badly crippled in consequence. The author said that compensation should measure the complement of every angle or arc where the State has let full requirement as its sine. The profession is suffering from economic evils that cannot be remedied by the application of purely educational or ethical remedies,

and the State from losses due to ignoring sanitary science and failure to pass compensatory laws for the benefit of her physicians.

Drs. Harris, Andrews and Fleming took part in the discussion of the paper, developing the facts that a very large part of the labor of medical men is devoted to charity, part of which should be borne by the State; that ridding the county of preventable diseases must be the duty of the State and nation; that failure to favor or give right sustenance to the profession is to practice and encourage waste and that these are economic evils that can not be corrected by the application of any educational remedies. Revs. H. H. Burch and T. C. Walker, who were in attendance, discussed the paper from the standpoint of laymen, developing the idea that all intended legislation should show that selfish ends were not sought by the profession but that the design was for the ultimate good of all.

The election of officers for the ensuing year resulted as follows: A. H. Madry, Aurora, president; J. P. Andrews, Marionville, vice-president; J. B. Fleming, Aurora, secretary; T. D. Miller, Aurora, treasurer; J. A. Harris, Mt. Vernon, reporter; W. S. Loveland, Verona, censor. D. M. Huffman, F. S. Stevenson and W. W. Rodman were appointed Committee on Public Health and Legislation.

Dr. Loveland reopened the scientific program with a paper on "Hernia" and presented a clinic. The paper and clinic each received due attention. Dr. N. F. Terry, of Springfield, opened the discussion and stated that it was with great danger to the patient and discredit to the physician that so large a per cent. of this practice was allowed to drift to the charlatan and the druggist. There was no definite time at which strangulation would take place; improvement in technique of operation for radical cure had advanced until now it was regarded as a very safe operation if performed within a reasonable time. For the purpose of disinfecting parts he was favorable to Harrington's solution.

Dr. Harris called attention to the appalling prevalence of hernia and stated that the operation as done by the skillful hand like Dr. DeGarmo's was, upon close inspection, not so easy as it appeared. Dr. Andrews opposed the theory of Dr. Loveland that all cases were acquired with an authority that all cases were congenital. The injection method of cure was mentioned, as having brought some unpleasant experience and this method condemned.

Dr. Huffman reported Dr. Goodrich's case of diphtheria. This was, for thirty-six hours, a mild case and at that time took on alarming symptoms. Antitoxin had not been given until this time. Several doses were then given, each of which seemed to produce good results but unfortunately the supply ran out and the patient died. Dr. Andrews opened the discussion reporting a case in which he had recently given a sum total of fifty-seven thousand units but with happy results. Drs. Madry, Shelton, Terry, Fleming and Moore took part in the further discussion developing the fact that, while the serum continued to be effective, the results, even of the doses of highest potency, were not as gratifying as those of less power formerly appeared to have been. The establishment of an antitoxin farm at Columbia was suggested as a plan to keep up the efficiency and reduce the cost of the remedy to the people.

Dr. Harris presented a resolution looking to the support of the Sanatorium at Mt. Vernon and increasing the sphere of its usefulness.

The Committee on Public Health and Legislation was ordered to draw up resolutions favoring the merging of all national bureaus performing health functions and reported as follows:

"Whereas, we believe that the conservation of the lives, of the health, the happinness and the material wealth of the people is a matter of prime importance in state-craft, and recognizing the need of a more thorough and effective organization of the existing medical forces to further this end, therefore,

Be it resolved; That the Lawrence-Stone County Medical Society declare ourselves in favor of the merging of all the National bureaus performing public health functions into one Department of Public Health. Be it further

Resolved that we notify our United States Senators from Missouri and the Representatives of the 14th and 15th congressional districts of this action and respectively invoke their valuable assistance and support in bringing about the desired concentration."

Other valuable papers could not be read and discussed on account of lateness of the hour and the Society adjourned.—A. H. Madry, M. D., Reporter.

LEWIS COUNTY MEDICAL SOCIETY.

Lewis County Medical Society met in regular session at Quincy, Ill., November 19. While the attendance was not large, yet a very interesting program was rendered.

The following members were present and took an active part in the work: Dr. R. E. Wilson, Dr. H. E. Dunlop, Dr. C. N. Frame, Dr. Wm. L. Ellery, Dr. Junius Tompkins, Dr. J. C. Brown, Dr. Paul F. Cole.

Items of special interest on the program, were two papers, one by Dr. Wilson, "The Differential Diagnosis of Smallpox." Dr. Wilson is our highly esteemed county physician, and his wide experience with this disease in various parts of the county made his paper of special interest to all. The other a paper, "The Use of Forceps as an Aid to Labor," by Dr. Tompkins, of Canton. Dr. Tompkins is the oldest active practitioner in Lewis county, having been in active practice here for more than fifty years. His paper was very instructive and we regret very much that there were not more of the members present to hear it.

Many other important topics were brought up for discussion, all members present taking an active part with the work.

The following officers were elected for 1909: Dr. Junius Tompkins, Canton, Mo., president; Dr. C. N. Frame, Ewing, Mo., vice-president; Dr. Paul F. Cole, Steffenville, Mo., secretary.

During the meeting Dr. H. E. Dunlop read the following:

BIOGRAPHICAL SKETCH OF DOCTOR JUNIUS TOMPKINS.

Among the old active practitioners of the State, Dr. Junius Tompkins, of Canton, is perhaps preëminent as having practiced continuously in one place since graduation in 1855.

Doctor Tompkins was born in Albemarle county, Virginia, October 20th, 1833. Moving to St. Louis, which at that time was considered very far west, he studied medicine at the old McDowell College, which later became the Medical Department of the University of Missouri. The late lamented Dr. Jno. T. Hodgen was Dr. Tompkins' room-mate and a student at the same school. During his student days he suffered from a severe attack of smallpox. Dr. Tompkins' life is remarkable, too, in that he had absolutely no vacation during fifty years of his practice. His visit to the St. Louis World's Fair was his first outing since locating

in Canton in 1855. The Doctor has been married twice. No man in the community is more thoroughly respected or loved. At 75 he enjoys the confidence of the people as a gentleman and physician, as shown by his position as president of the First National Bank and his large professional clientele. The Doctor is still rugged and enjoys nothing better than a professional call on horseback to some old-time patient. In him is represented a gentleman of the old school and a physician who reminds one of Ian MacLaren's celebrated creation—Dr. William MacLure.

H. E. Dunlop, M. D.

Canton, Mo.

The next regular meeting to be held in Quincy, Ill., February 1st, 1909.—Paul F. Cole, M. D., Secretary.

LINN COUNTY MEDICAL SOCIETY.

The Linn County Medical Society held its annual meeting in Laclede, December 8th.

The following resolution was adopted, amending the constitution: "The Linn County Medical Society shall meet quarterly at such times and places as the Society may select." On motion it was decided that the meetings shall be held in February, May, August and November, on the Tuesday nearest the full of the moon.

The following officers were elected for 1909: President, Dr. D. F. Howard, Brookfield; first vice-president, Dr. R. H. Morris, Linneus; second vice-president, Dr. H. C. Johnson, Meadville; secretary, F. W. Burke, Laclede.

The sceintific program consisted of the following papers:

"Early Diagnosis of Tuberculosis," by Ray W. Whaley, of Browning. The paper was discussed by Drs. Z. T. Standly, Robert Haley and Whaley, in closing.

"Empyema," by Dr. T. P. Oven, of Brookfield. Discussion by Drs. Z. T. Standly, F. W. Burke and Robert Haley; closed by Dr. Oven.

The Society adjourned to meet in Brookfield, February 2, 1909.—F. W. Burke, M. D., Secretary.

MONITEAU COUNTY MEDICAL SOCIETY.

The Moniteau County Medical Society held its regular quarterly meeting at California December 10th. A paper on the subject of "Unscientific Prescribing" aroused an interesting discussion in which each member present participated. There was a unanimous sentiment that it is not ethical nor commendable for the profession to prescribe specialties and proprietary preparations, nor to depend on the specialty man for a knowledge of therapeutics. The best interest of the doctor and his clientele is conserved in prescribing Pharmacopeial and National Formulary preparations.

The election of officers was held and resulted as follows: President, Dr. W. R. Patterson; vice-president, Dr. J. H. Lang; secretary, Dr. H. C. Freudenberger; treasurer, Dr. H. C. Kleuber; censor, Dr. L. L. Latham; delegate, Dr. H. C. Freudenberger; alternate, Dr. J. A. Crum. Dr. W. R. Patterson was elected to represent the Society on

program at State Association. The next meeting will be held at California March 11th, 1909.—W. R. PATTERSON, M. D., Reporter.

STE. GENEVIEVE COUNTY MEDICAL SOCIETY.

The Ste. Genevieve County Medical Society held its regular annual meeting December 9th, 1908.

Officers to serve for the ensuing year were elected as follows: F. E. Hinch, president; J. A. Wilkins, vice-president; R. W. Lanning, secretary-treasurer. Dr. R. W. Lanning was elected a member of the board of censors to serve for three years. Drs. Chas. J. Hertich, G. M. Rutledge and W. W. Jarvis were appointed committee on public health and legislation. Dr. J. A. Wilkins, St. Mary, was appointed delegate to serve for two years. No further business appearing, the Society adjourned until the second Wednesday in January.—R. W. LANNING, M. D., Secretary.

ST. JOSEPH-BUCHANAN COUNTY MEDICAL SOCIETY.

At the annual meeting of the St. Joseph-Buchanan County Medical Society, Wednesday evening, December 9, the following officers were elected for the ensuing year: President, Dr. John M. Doyle; first vice-president, Dr. J. W. Ferguson; second vice-president, Dr. John I. Byrne; secretary, Dr. Chas. Wood Fassett; treasurer, Dr. J. M. Bell; censor, Dr. W. B. Deffenbaugh; delegate, Dr. C. A. Good; alternate, Dr. E. S. Ballard.

The annual banquet at the new Robidoux Hotel proved a very happy event, and was much enjoyed by the sixty-five members in attendance. Dr. H. S. Forgrave, the retiring president, acted as toastmaster, and Dr. C. B. Hardin, of Kansas City, president of the Medical Society of the Missouri Valley, was the guest of honor. The following responded to toasts: "The Doctor a Man of Destiny," Mayor A. P. Clayton; "Hygiene of To-Day," Dr. E. A. Donelan; "Immunity," Dr. C. B. Hardin; "Needs of Our Profession," Dr. Daniel Morton; "Vivisection," Dr. O. B. Campbell; "Professional 'Hobbylogue,'" Dr. A. L. Gray.

An excellent musical program was rendered during the evening, including vocal and violin solos.—CHAS. WOOD FASSETT, M. D., Secretary.

SHELBY COUNTY MEDICAL SOCIETY.

The Shelby County Medical Society met in regular session Saturday, December 19th, in Shelbina.

The following officers were elected for 1909: President, H. M. Pollard; vice-president, W. C. Vaughn; secretary-treasurer, A. M. Wood; delegate, Wm. Bayliss.

Dr. Singleton read a paper on "Anesthetics," which was fully discussed, with profit to all.

The regular meeting being finished, the Society repaired to the dining-room in the Waverly Hotel, where a banquet was given in honor of Dr. E. C. Davis, of Hunnewell, and Dr. A. G. Wood, of Lentner, both of whom have passed the half century mark in the practice of medicine

in this county, and have been an honor to the profession and respected and esteemed by the public in general.

Following is program of the banquet: Introduction and welcome, by Dr. H. M. Pollard, president and toastmaster; "The Doctor as a Friend," by Dr. J. D. Smith; "The Doctor as a Gentleman," by Dr. W. C. Vaughn; "Glance at Fifty Years of Medical Progress," by Dr. Wm. Bayliss; "The Doctor as a Citizen," by Dr. Wm. Carson; "Our Guests," by L. W. Dallas; Responses by Guests,—Drs. E. C. Davis and A. G. Wood; "The Doctor as a Politician," by Dr. W. W. Owen; "The Medical Profession of Shelby County," by Dr. A. M. Wood.

This was surely a good meeting, the best of fellow-feeling prevailing. Those present were: Drs. Christie, Howell, McNutt, Pollard, J. D. Smith, Chapman, Vaughn, Singleton, Dallas, Furnish, Roy, Daniel, Sanders, Bayliss, L. L. Smith, Wood Davis, Nickell.—A. W. Wood, M. D., Secretary.

ST. LOUIS MEDICAL SOCIETY.

At the stated meeting of the General Society, December 5th, the following papers were scheduled for presentation: 1. Recent Experiences in the Treatment of Uterine Cancer, by Fred J. Taussig, M. D. 2. Secondary Cancer of the Lung, by Louis M. Warfield, M. D. The program for the meeting of December 19th was as follows: 1. A Study of the Anatomic Relation of the Optic Nerve to the Accessory Cavities of the Nose (with exhibition of horizontal sections of fifteen heads, with drawings and reconstruction showing the anatomic relation of the optic nerve to the accessory cavities of the nose), by Hanau W. Loeb, M. D. 2. The Surgical Relief of Athetosis and Spasticities; a Preliminary Report of Three Cases, by Nathaniel Allison, M. D., and Sidney I. Schwab, M. D.

Sectional meetings of the Society during December and the programs arranged for discussion were as follows:

Ophthalmic Section.

December 9th.

1. Unannounced Specimens, and Presentation of Patients. 2. (a) Retinitis Punctata.—Presentation of Patient; (b) Use of Cycloplegics in Refraction, by F. E. Woodruff, M. D. 3. "A New Treatment for Ulcers of the Cornea," by E. H. Higbee, M. D.

Section on Urology.

December 15th.

1. Auto-infection from Gonorrheal Para-urethritis, by Jas. L. Boehm, M. D. 2. Tuberculosis of the Bladder, by Bransford Lewis, M. D.

Oto-Laryngological Section.

December 23d.

1. Acute and Chronic Inflammation of the Eustachian Tube, and the Method of Treatment for Relief of Same, by W. B. Shields, M. D. 2.

Report of a Case of Epithelioma of the Auricle, External Auditory Canal, and the Tympanic Cavity; Presentation of Specimens, by Carl Barck, M. D.

At the annual meeting, Saturday, December 26th, the officers were elected for the year 1909 as follows: President, C. M. Nicholson; secretary, Carroll Smith; members of the Council, George Homan, C. E. Burford, R. M. Funkhouser, H. C. Dalton; delegates to State Association, W. W. Graves, J. H. Amerland, John C. Morfit, Geo. Homan, T. A. Hopkins, H. L. Nietert, G. C. Crandall, V. P. Blair; alternates, P. Y. Tupper, Walter Baumgarten, W. C. G. Kirchner, M. B. Clopton, W. E. Sauer, F. J. Taussig, H. W. Soper, Jesse S. Myer.

The proposition to increase the yearly dues to $10.00 was defeated, 261 to 163.

BOOK REVIEWS

THE READY-REFERENCE HANDBOOK OF DISEASES OF THE SKIN. By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth Edition, 12mo., 737 pages, with 99 engravings and 4 plates, in colors, and monochrome. Cloth, $3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Many books on diseases of the skin are vague, prolix and unsatisfactory. This work, however, is clear, concise and vigorous and will prove of great value, not only to students of medicine, but to the general practitioner also. Sometimes a little more might be desired under the head of diagnosis. The type and paper are excellent and the illustrations exceptionally good.

MEDICAL RECORD VISITING LIST FOR 1909. New Revised Edition. New York. William Wood & Co.

This edition of the Medical Record Visiting List has been revised and enlarged, and contains an increased amount of matter intended to be useful in emergencies, and such as might be better referred to the physician's library has been eliminated. The most important change is in the list of remedies and their maximum doses in both apothecaries' and decimal systems, and the indication of such as are official in the United States.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S., late lecturer on Anatomy at St. George's Hospital, London. New American edition, enlarged and thoroughly revised, by J. Chalmers Da Costa, M. D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M. D., Professor of Anatomy, in the Jefferson Medical College of Philadelphia. Imperial octavo, 1625 pages, with 1149 large and elaborate engravings. Price, with illustrations in colors, cloth, $6.00, net; leather, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This edition of Gray is handsomely bound and illustrated with 1149 engravings. It is fully up to the position its previous editions have held among text books of anatomy.

PRACTICAL POINTS IN ANÆSTHESIA. By Frederick-Emil Neef, B. S., B. L., M. L., M. D., New York. Surgery Publishing Co., 92 William street.

This work of less than fifty pages deals with the use of chloroform, ether and anaesthol. A considerable number of practical points are discussed and by side annotations in the text, the subject matter is rendered easy of reference. In its limited scope the work is an extremely practical and useful one.

International Clinics. Vol. III. Eighteenth Series. 1908. J. P. Lippincott Co. Philadelphia and London.

Perforation of the Intestine in Typhoid Fever. By J. A. Scott, of Philadelphia.

The Pennsylvania hospital is situated in a slum district of Philadelphia, is rich in "dirt disease" of which typhoid is the chief, and is also rich in possessing a staff of physicians and surgeons who work together in perfect unity and with great enthusiasm.

Whenever any *suspicion* of perforation arises a surgeon is called in consultation. "Frequent consultations have been of mutual advantage and have in recent years considerably reduced the percentage of error in the diagnosis."

Being a member of the staff in such an institution makes Scott a real authority on the subject he discusses. His paper is of great value and is worth more than the cost of the volume in which it appears. One in four of the cases submitted to operation recover. After operation Scott distinctly opposes the Fowler position being used in the very toxic cases. Relapse is not infrequent after operation (25 per cent.). Sir Dyce Duckworth presents a very short but useful lecture on Sciatica. Guisez is an enthusiast on Oesophagoscopy. His enthusiasm might lead the unwary to think that the passage of the oesophagoscope was a treat to which a patient looked forward with pleasure and his friends with envy. John H. Gibbon and D. L. Despard report three cases of melanotic sarcoma. They discuss the various theories of origin of these tumors; the connective tissue origin and the epithelial origin (Unna) and also Adami's views on the classification of tumors in general. As might be expected the lecture is thorough and scholarly.

Corner, of London, shows the influence of his colleague Lane in his views on the modern treatment of fractures by means of direct internal splintage. This subject has been ventilated much more in England than in America. Corner's ideas are interesting and instructive.

Müller has a long and beautifully illustrated article on adenoma of the thyroid. Clogg discourses on pericolic inflammation secondary to disease of the colon. This is a subject to which too little attention has been given and which is of much importance.

The other papers presented in this volume are interesting and instructive.

Genito-Urinary Diseases and Syphilis. By Edgar G. Ballenger, M. D. Lecturer on Genito-Urinary Diseases and Syphilis and Urinalysis, Atlanta School of Medicine. E. W. Allen & Company, Atlanta, Ga., Publishers.

In this little book the author aims to treat in a brief way all the important diseases on the subject. This is quite well done on the subject of urethritis and its complications, including gonorrhœa in women; the non-veneral topics also are fairly well considered, although quite briefly. The treatment of the subject of syphilis is entirely too brief to be satisfactory, only forty pages of the book being used for its discussion in all stages and phases.

Applied Surgical Anatomy, Regionally Presented. For the use of Students and Practitioners of Medicine. By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in Cornell

University Medical College, New York. New (2d) edition, enlarged and thoroughly revised. In one very handsome octavo volume of 601 pages, with 200 illustrations in black and colors. Cloth, $4.50, net. Lea & Febiger, Philadelphia and New York, 1908.

The study of anatomy is relieved of much of its difficulty when it is approached on the practical side. Isolated details do not arouse the interest of the student, but when they are set forth in their natural relationship, and their practical application is shown, the mind grasps and recollects them with facility. As anatomy is the most important of all the basic elements of medical science a working knowledge is indispensable for the study and practice of scientific medicine and surgery. The author has embodied these principles in his work and presents a book which in parts appears to be as much an anatomical surgery as a surgical anatomy. It will prove most valuable to the student who is finishing his study of anatomy and beginning that of surgery.

A Manual of Obstetrical Technique as Applied to Private Practice. With a chapter on Abortion, Premature Labor and Curettage. By Joseph Brown Cooke, M. D., Adjunct Professor of Obstetrics in the New York Polyclinic Medical School and Hospital. Sixth Edition, enlarged and fully revised. J. B. Lippincott Company, Philadelphia and London, 1908.

This is an intensely interesting and instructive little book of 255 pages, containing numerous excellent illustrations. Notwithstanding that it reviews some things in technique that have become commonplace to the old obstetrician, it affords an opportunity for profitable comparison of notes; and to the inexperienced it is especially valuable. To the nurse, who is ambitious to know more of obstetrical technique than the mere requirements of her training, the book will be found especially valuable. The author's teachings are plain, concise and comprehensive, such as every physician needs and must have at his command if he would handle confinement cases successfully. It is a handy and reliable reference book for the young man while obtaining his first experience.

O. L. P.

AMERICAN MEDICAL ASSOCIATION.

Next Annual Meeting at Atlantic City, N. J., June 8-11, 1909.

President: HERBERT L. BURRELL, Boston.
President Elect: WM. C. GORGAS, Ancon, Panama.
Secretary and Editor: GEORGE H. SIMMONS, 103 Dearbon Ave., Chicago.

MISSOURI STATE MEDICAL ASSOCIATION.

Next Annual Meeting, Jefferson City, May 18, 19, 20, 1909

President: A. R. KIEFFER, St. Louis.
Vice Presidents:
D. B. FARNSWORTH, Springfield; W. J. FRICK, Kansas City; J. B. NORMAN, California; C. H. DIXON, Holliday; M. A. SMITH, Gallatin.
Secretary: A. W. McALESTER, Jr., Kansas City.
Assistant Secretaries: WILLARD BARTLETT, St. Louis; W. R. PATTERSON, Tipton; T. McLEMORE, Nevada.
Treasurer: J. FRANKLIN WELCH, Salisbury.

Medical Section.

Chairman: E. E. GILMORE, Adrian. Secretary: W. R. PATTERSON, Tipton.

Surgical Section.

Chairman: PAUL Y. TUPPER, St. Louis. Secretary, WILLARD BARTLETT, St. Louis.

Eye, Ear, Nose and Throat Section.

Chairman: J. H. THOMPSON, Kansas City. Secretary, T. McLEMORE, Nevada.

ORATORS.

Oration on Medicine:

R. H. GOODIER, Hannibal.

Oration on Surgery:

F. J. LUTZ, St. Louis.

COMMITTEES.

Committee on Scientific Work.

E. E. Gilmore, W. R. Patterson, Paul Y. Tupper, Willard Bartlett, J. H. Thompson, T. McLemore.

Publication Committee.

W. B. Dorsett, Chairman; M. B. Clopton, M. C. Shelton.

Committee on Public Policy and Legislation.

H. E. Pearse, Chairman; R. M. Funkhouser, F. R. Newberry.

Defense Committee.

F. J. Lutz, Chairman; W. B. Dorsett, Joseph Grindon.

Committee on Medical Education.

B. M. Hypes, Chairman; C. M. Jackson, O. B. Campbell.

Committee on Tuberculosis.

E. W. Schauffler, Chairman; Geo. Homan, J. R. Lemen, W. E. McKinley, J. R. Boyd.

Missouri Society of Medical Secretaries.

President, Foster W. Burke, Laclede; First Vice-President, M. A. Smith, Gallatin; Secretary-Treasurer, Chas. Wood Fassett, St. Joseph.

COUNCILLOR DISTRICTS AND COUNTIES IN EACH DISTRICT.*

F. J. LUTZ, St. Louis, Chairman. E. J. GOODWIN, St. Louis, Secretary.

First District.—Councillor, C. L. Evans, Oregon. Counties: Holt, Atchison, Nodaway.

Second District.—Councillor, W. T. Elam, St. Joseph. Counties: Buchanan, Andrew.

Third District.—Councillor, G. W. Whitely, Albany. Counties: Harrison, Worth, Gentry, DeKalb.

Fourth District.—Councillor, C. R. Buren, Princeton. Counties: Grundy, Sullivan, Mercer, Putnam.

Fifth District.—Councillor, E. E. Parrish, Memphis. Counties: Clark, Scotland, Schuyler.

Sixth District.—Councillor, H. Jurgens, Edina. Counties: Adair, Knox, Lewis.

Seventh District.—Councillor, L. W. Dallas, Hunnewell. Counties: Shelby, Marion, Ralls.

Eighth District.—Councillor, W. B. Dorsett, St. Louis. Counties: Lincoln, St. Charles, St. Louis, Pike.

Ninth District.—Councillor, A. R. McComas, Sturgeon. Counties: Audrain, Boone, Howard, Callaway, Warren, **Montgomery.**

Tenth District.—Councillor C. W. Reagan Macon. Counties: Macon, Randolph, Monroe.

Eleventh District.—Councillor, J. D. Brummall, Salisbury. Counties: Chariton, Carroll, Livingston, Linn.

Twelfth District.—Councillor, E. H. Miller, Liberty. Counties: Platte, Clay, Ray, Clinton, Caldwell, Daviess.

Thirteenth District.—Councillor, F. E. Murphy, Kansas City. County, Jackson.

Fourteenth District.—Councillor, C. T. Ryland, Lexington. Counties: Lafayette, Saline, Cooper.

Fifteenth District.—Councillor, M. P. Overholser, Harrisonville. Counties: Cass, Johnson.

Sixteenth District.—Councillor, J. R. Buchanan, Nevada. Counties: Bates, Vernon, Barton.

Seventeenth District.—Councillor, R. D. Haire, Clinton. Counties: Pettis, Henry, Benton, St. Clair, **Hickory.**

Eighteenth District.—Councillor, Frank DeVilbiss, Eugene. Counties: Miller, Moniteau, Morgan, Camden.

Nineteenth District.—Councillor, G. Ettmueller, Jefferson City. Counties: Cole, Osage, Maries, Gasconade.

Twentieth District.—Councillor, F. J. Lutz, St. Louis. Counties: Franklin, St. Louis City.

Twenty-first District.—Councillor, G. M. Rutledge, Ste. Genevieve. Counties: Jefferson, Ste. Genevieve, Perry.

Twenty-second District.—Councillor, F. R. Newberry, Fredericktown. Counties: Scott, Madison, Cape Girardeau, Mississippi, **Bollinger.**

Twenty-third District.—Councillor, T. C. Allen, Bernie. Counties: Stoddard, Dunklin, Pemiscot, New Madrid.

Twenty-fourth District.—Councillor, T. W. Cotton, Van Buren. Counties: Wayne, Ripley, Butler, Carter.

Twenty-fifth District.—Councillor Frank Harrison, Farmington. Counties: Washington, Reynolds, Iron, St. Francois.

Twenty-sixth District.—Councillor, R. L. Johnson, Rolla. Counties: Crawford, Phelps, Pulaski, Laclede, Dent, **Dallas.**

Twenty-seventh District.—Councillor, H. C. Shuttee, West Plains. Counties: Howell, Shannon, **Ozark. Oregon, Texas, Wright, Douglas.**

Twenty-eighth District.—Councillor, T. A. Coffelt, Springfield. Counties: Greene, Lawrence, Barry, Stone, Christian, Webster, Polk, Taney.

Twenty-ninth District.—Councillor, A. R. Snyder, Joplin. Counties: McDonald, Newton, Jasper, Cedar, **Dade.**

***Counties in black are not organized.**

County Societies in Affiliation with the State Medical Association.

County.	President.	Address of President.	Secretary.	Address of Sec'y.
Adair	J. S. Gashwiler	Novinger	E. C. Grim	Kirksville.
Andrew	John Husher	Rosendale	B. E. Miles	Fillmore.
Atchison	E. A. Lewis	Rockport	A. McMichael	Rockport.
Audrain	W. W. McFarlane	Mexico	C. A. Rothwell	Mexico.
Barry	Wm. M. West	Monett	D. L. Mitchell	Cassville.
Barton	A. B. Stone	Lamar	C. F. Brown	Lamar.
Bates	H. A. Rhodes	Foster	E. N. Chastain	Butler.
Benton	E. L. Rhodes	Lincoln	W. S. Jones	Lincoln.
Boone	W. A. Norris	Columbia	A. W. Kampschmidt	Columbia.
Buchanan	H. S. Forgrave	St. Joseph	Chas. W. Fassett	St. Joseph.
Butler	Victor Cadwell	Poplar Bluff	A. R. Rowe	Poplar Bluff.
Caldwell	R. L. Mount	Polo	Tinsley Brown	Hamilton.
Callaway	H. I. Owen	Fulton	Martin Yates	Fulton.
Camden	G. M. Moore	Linn Creek	G. T. Myers	Macks Creek.
Cape Girardeau	R. F. Wichterich	Cape Girardeau	E. H. G. Wilson	Cape Girardeau.
Carroll	W. C. Baird	Bogard	R. F. Cook	Carrollton.
Carter-Shannon	Wm. Fulton	Winona	J. A. Chilton	Van Buren.
Cass	W. F. Chaffin	Raymore	R. P. Yeagle	Pleasant Hill.
Cedar	Kimball Hill	El Dorado Springs	J. W. Dawson	El Dorado Springs.
Chariton	C. H. Temple	Rockford	C. A. Jennings	Salisbury.
Christian	J. C. Young	Ozark	J. A. Robertson	Ozark.
Clark	R. G. Callihan	Luray	Frank B. Hiller	Kahoka.
Clay	C. H. Suddarth	Smithville	F. H. Matthews	Liberty.
Clinton	John Sturgis	Perrin	P. M. Steckman	Plattsburg.
Cole	W. A. Clark	Jefferson City	S. V. Bedford	Jefferson City.
Cooper	R. L. Evans	Boonville	J. R. Lionberger	Boonville.
Crawford	W. A. Metcalf	Steelville	A. H. Horn	Steelville.
Daviess	W. L. Brosius	Gallatin	M. A. Smith	Gallatin.
DeKalb	E. T. Stroup	Weatherby	R. A. Evans	Amity.
Dent	A. F. McMurtrey	Salem	W. E. Rudd	Salem.
Dunklin	N. F. Kelley	Kennett	Paul Baldwin	Kennett.
Franklin	J. P. Dunigan	Sullivan	A. C. Brown	Moselle.
Gasconade-Maries-Osage	J. J. Radamacher	Meta	J. D. Seba	Bland.
Gentry	J. U. Barger	Darlington	Benj. Davis, Jr.	Albany.
Greene	T. A. Coffelt	Springfield	J. L. Ormsbee	Springfield
Grundy	Samuel Sheldon	Trenton	E. A. Duffy	Trenton.
Harrison	W. H. Wiley	Ridgeway	J. H. Morroway	Ridgeway.
Henry	J. R. Hampton	Clinton	F. M. Douglass	Clinton.
Holt	F. E. Bullock	Forest City	J. F. Chandler	Forest City.
Howard	J. B. Fleet	New Franklin	C. W. Watts	Fayette.
Howell	J. C. B. Davis	Willow Springs	A. H. Thornburgh	West Plains.
Iron	Ira A. Marshall	Ironton	G. W. Farrar	Ironton.
Jackson	C. B. Hardin	Kansas City	E. L. Stewart	Kansas City.
Jasper	J. W. Clark	Carterville	R. M. James	Joplin.
Jefferson	G. W. Tidwell	DeSoto	R. E. Donnell	DeSoto.
Johnson	W. G. Thompson	Holden	E. H. Gilbert	Warrensburg.
Knox	J. R. Northcutt	Knox City	A. R. Wilsey	Hurdland.
Laclede	W. C. Lockwood	Conway	J. A. Pinckard	Lebanon.
Lafayette	Lewis Carthrae	Corder	C. T. Ryland	Lexington.
Lawrence-Stone	D. M. Huffman	Crane	C. W. Shelton	Mt. Vernon.
Lewis	J. C. Brown	Lewistown	Paul F. Cole	Steffenville.
Lincoln	S. R. McKay	Troy	Wm. P. Smith	Troy.
Linn	J. T. Polson	Laclede	Foster W. Burke	Laclede.
Livingston	H. M. Grace	Chillicothe	J. C. Shelton	Chillicothe.
McDonald	E. F. Doty	Anderson	M. L. Sellers	Anderson.
Macon	W. H. Miller	Macon	F. B. Dailey	Keota.
Madison	S. C. Slaughter	Fredericktown	J. K. Smith	Fredericktown.
Marion	F. W. Bush	Hannibal	H. L. Banks	Hannibal.
Mercer	H. P. Chesmore	Princeton	C. R. Buren	Princeton.
Miller	J. L. Gilleland	Olean	W. L. Allee	Eldon.
Mississippi	R. K. Ogilvie	Charleston	S. P. Martin	East Prairie.
Moniteau	H. V. Thorpe	Jamestown	W. R. Patterson	Tipton.
Monroe	C. H. Dixon	Holliday	W. T. Bell	Stoutsville.
Morgan	P. G. Woods	Versailles	H. N. Lutman	Versailles.
New Madrid	Welton O'Bannon	New Madrid	C. W. Watson	New Madrid.
Newton	R. L. Wills	Neosho	Horace Bowers	Neosho.
Nodaway	L. E. Dean	Maryville	C. E. Fronk	Maryville.
Pemiscot	J. G. Luten	Caruthersville	John Johnson	Hayti.
Perry	T. M. Hudson	Perryville	F. M. Vessells	Perryville.
Pettis	C. Bohling	Sedalia	Frank R. Morley	Sedalia.
Phelps	W. S. Smith	Rolla	S. L. Baysinger	Rolla.
Pike	R. L. Pollard	Eolia	R. G. Hereford	Louisiana.
Platte	W. D. Swaney	Linkville	F. M. Shafer	Edgerton.
Polk	J. E. Loafman	Bolivar	J. T. Roberts	Bolivar.
Pulaski	W. L. Ragan	Richland	E. A. Oliver	Richland.
Putnam	C. H. Carryer	Unionville	J. A. Townsend	Unionville.
Ralls	C. H. Graves	Carter	T. J. Downing	New London.
Randolph	G. O. Cuppaidge	Moberly	T. D. Mangus	Moberly.
Ray	Elmer T. McGaugh	Richmond	H. S. Major	Hardin.
Reynolds	J. M. Lowrey	Centerville	T. W. Chilton	Corridon.
Ripley	S. A. Proctor	Doniphan	J. T. Redwine	Doniphan.
Saline	D. C. Gore	Marshall	A. E. Gore	Marshall.
St. Charles	J. R. Mudd	St. Charles	B. K. Stumberg	St. Charles.
St. Clair	R. J. Smith	Johnson City	Ruth Seevers	Osceola.
St. Francois	T. L. Haney	Farmington	R. Applebery	Leadwood.
Ste. Genevieve	F. E. Hinch	Ste. Genevieve	R. W. Lanning	Ste. Genevieve.
St. Louis	H. Tuholske	465 N. Taylor	C. E. Burford	955 Hamilton Av.
St. Louis Co	C. A. Dunnavant	Kirkwood	W. H. Townsend	Maplewood.
Schuyler	E. L. Mitchell	Lancaster	H. E. Gerwig	Downing.
Scotland	W. E. H. Bondurant	Memphis	W. E. Alexander	Memphis.
Scott	W. H. Wescoat	Oran	W. S. Hutton	Fornfelt.
Shelby	J. D. Smith	Shelbina	A. M. Wood	Lentner.
Stoddard	Edward Moore	Bloomfield	John Ashley	Bloomfield.
Sullivan	J. C. Kessinger	Milan	J. S. Montgomery	Milan.
Taney	Chas. W. Burdett	Branson	Elizabeth McIntyre	Branson.
Vernon	J. F. Robinson	Nevada	T. McLemore	Nevada.
Warren	W. J. Alexander	Marthasville	E. A. Fluesmeier	Wright City.
Washington	J. A. Eaton	Belgrade	W. S. Smith	Belgrade.
Wayne	J. P. Sebastain	Patterson	R. J. Owens	Mill Spring.
Webster	H. Highfill	Marshfield	Wm. R. Beatie	Marshfield.
Worth	W. A. Robertson	Denver	J. K. Phipps	Grant City.